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Health, Dominion and the Mediterranean: Colonial Medicine in Nineteenth-Century Malta, Cyprus and the Ionian Islands

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Declaration

This thesis is entirely my own work and has not been submitted for a degree at another university. None of the material in this thesis has been published prior to the date of submission.

Abstract

This thesis explores the transformation of public health and medical structures in the Mediterranean island colonies of Malta, Cyprus and the Ionian Islands during the nineteenth century. It focuses on the Mediterranean region as the centre of British imperial politics where the island colonies played an important economic and political role. In this British 'lake', the island colonies reaffirmed their geo-strategic importance. This thesis explores the idea that the Mediterranean region and the island colonies became a *cordon sanitaire* between the 'pestilential' East and the Maghreb, and 'civilised healthy' Europe. Here, the limelight is on the European island colonies in the Mediterranean. In these small island colonies, the major English health reforms were enforced by total state intervention and centralisation. Furthermore, this research illustrates the differences in management of hospitals and medical charities, in particular, the dissimilitude between the administration of public health in England and that in the Mediterranean colonies. This work contributes to the history of medicine and public health literature as it questions the notion of the 'West and the rest'. Since Mediterranean colonies were also called European colonies, suddenly the notion of the West (as one single entity) colonising the rest of the World, loses its applicability. These Mediterranean colonies were geographically part of Europe but not part of the dominating European powers. Thus, this research argues that, geographically and ideologically, the study of Mediterranean colonies demonstrates a grey area within colonial historiography and the literature on colonial medicine. This work consists of four chapters, each discussing various selective themes like isolation, segregation, medical travellers, medical charities and state intervention, with the aim of illustrating the major arguments of this thesis.

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Abbreviations

TNA	The National Archives
TNL	The National Library

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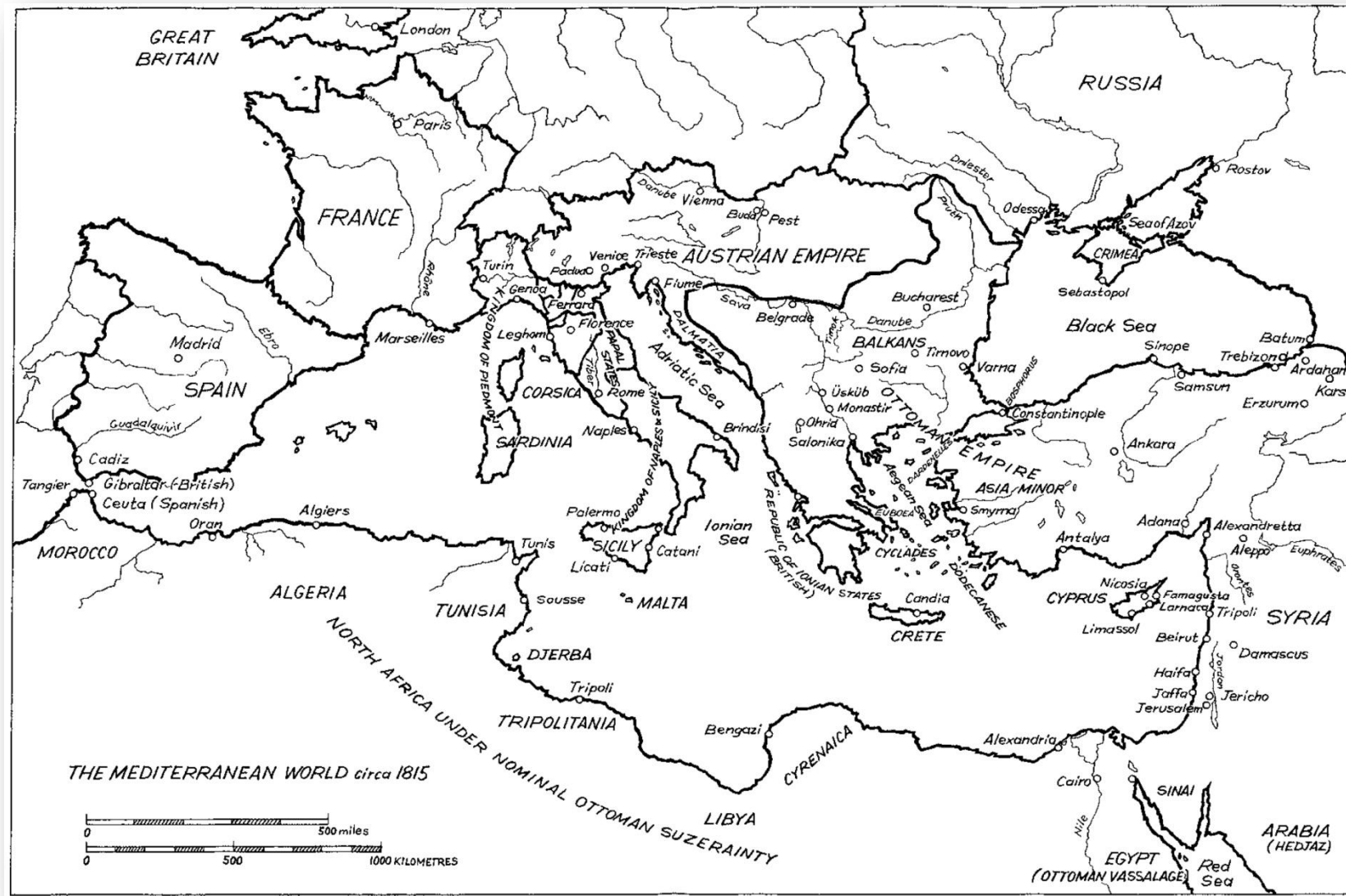
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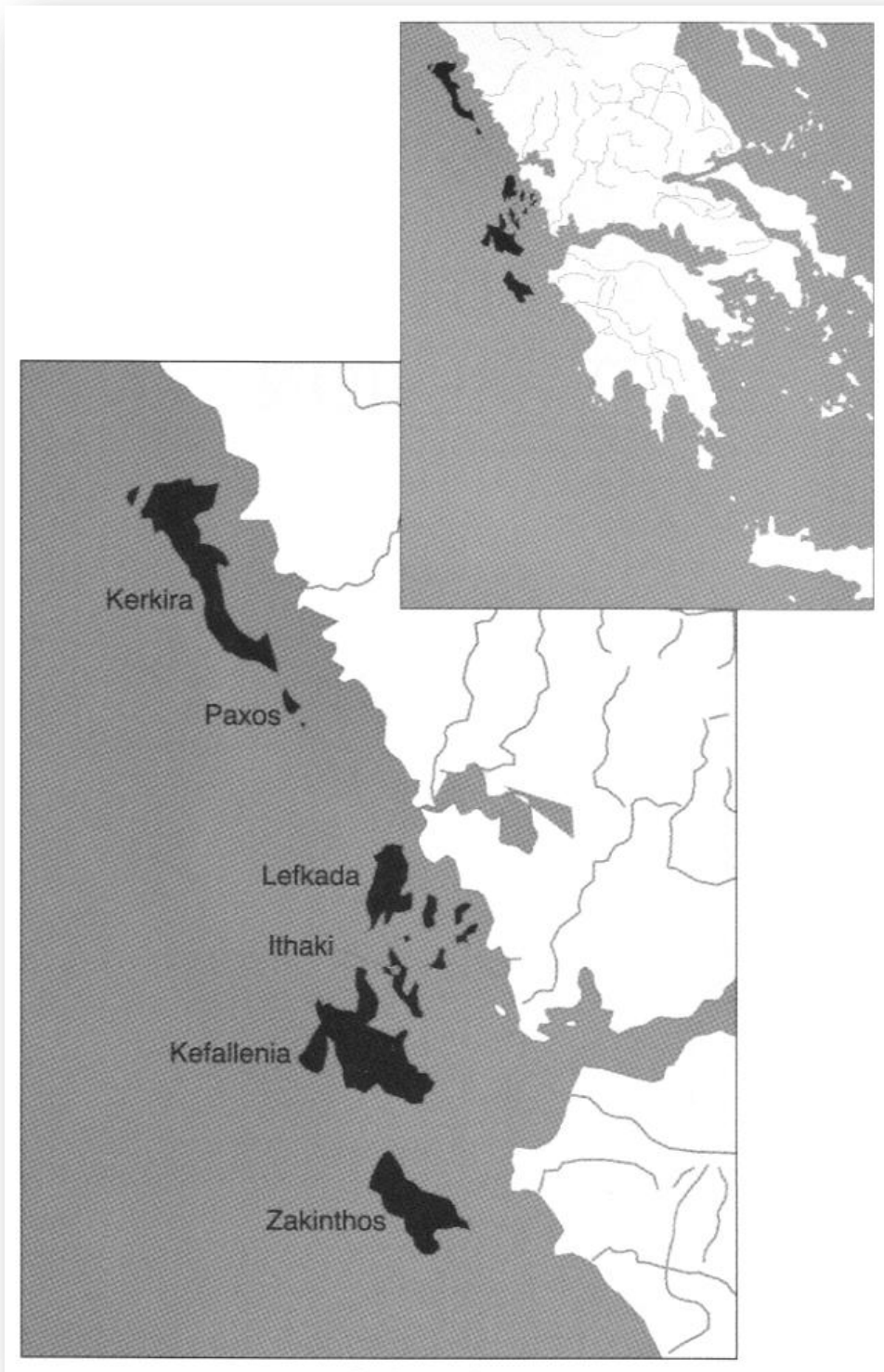
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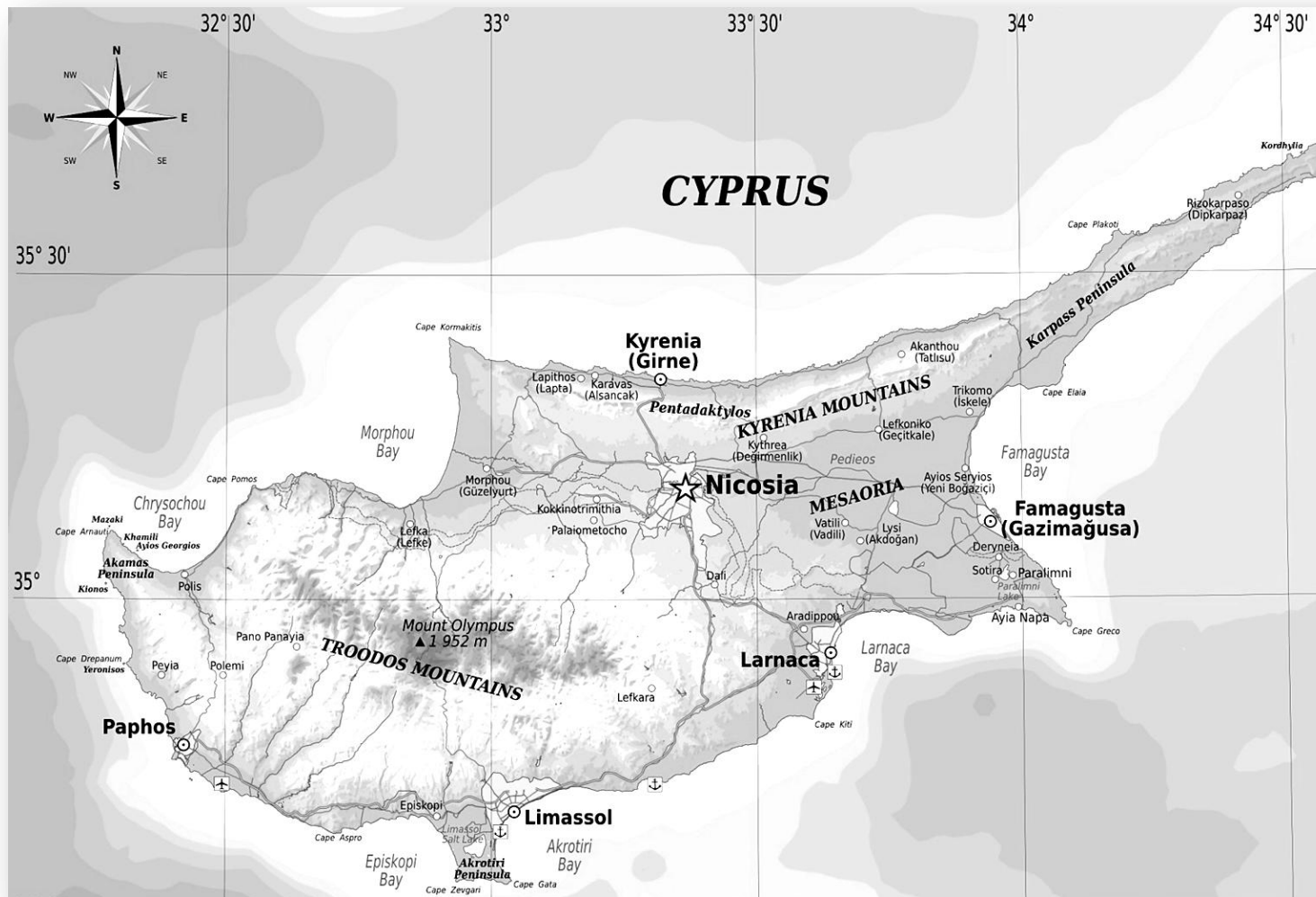
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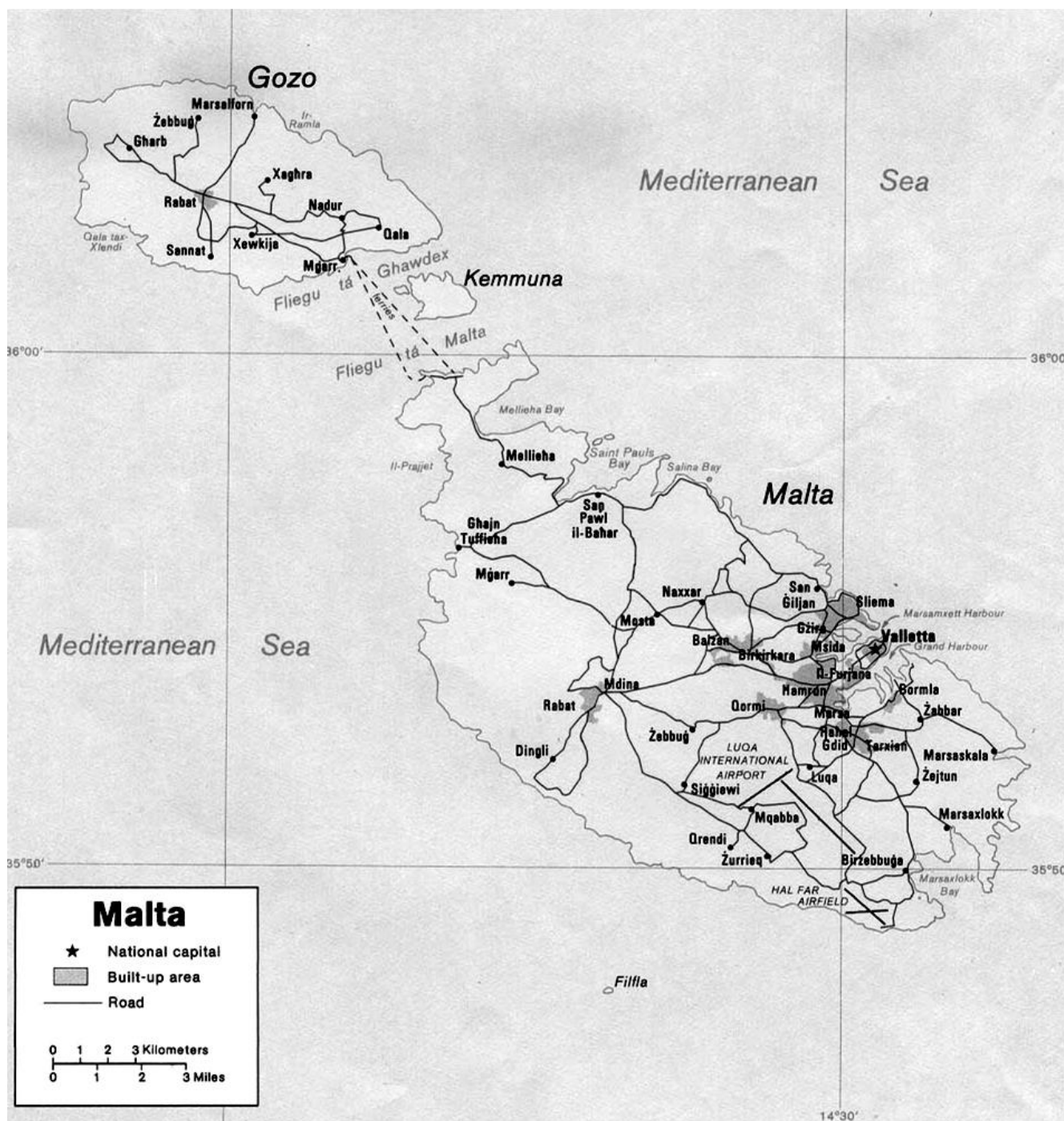
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Introduction: Dominion and Health in the Mediterranean

The climate of Cyprus was 'hotter and more unhealthy than that of Egypt'¹

Let anyone who has been there compare their memory of the amount of sickness suffered in places like Malta and Gibraltar, with their present experience of the state of health in this Island, and let them say if this is the 'pestilential hole' it is officially (out of Cyprus) said to be. We maintain that a more perfect climate or healthier country is not to be found in the Mediterranean, or anywhere else for that matter, as all will say who have had two or three years experience of it.²

The above quotations formed part of a larger tirade that appeared in the weekly English newspaper in Cyprus, the *Cyprus Herald*, on 8 September 1883. The *Herald* was published by an English merchant and businessman, J.W. Williamson, who was also author of this article.³ Williamson expressed considerable anger at the first High Commissioner, Sir Garnet Wolseley's comparison of Cyprus' climate with that of Egypt. He claimed that Cyprus, far from being a 'pestilential hole', had the best and

¹ The first High Commissioner for Cyprus Sir Garnet Wolseley as quoted by the 'Editorial', *Cyprus Herald*, 8 September 1883, p.1.

² 'Editorial', *Cyprus Herald*, p.1.

³ Williamson was born in Smyrna in 1856 to British parents. He acted as an agent for the British Museum to acquire and sell antiques. In 1878 he went to Cyprus and amongst his business endeavours he was also an editor of the *Cyprus Herald*, the only English language newspaper apart from the *Cyprus Times* published in Cyprus. For more see: Biographical Details of J.W. Williamson, *British Museum Collection Database* extract available online at http://www.britishmuseum.org/research/search_the_collection_database/term_details.aspx?bioId=94252 (10 May 2013).

healthiest climate in the entire Mediterranean region. Williamson had lived in Egypt, Cyprus and other parts of the Mediterranean for a great part of his life. This commentary upheld Cyprus' good health and its environment, but it does so in the English language without any mention as to what the Cypriots themselves thought of Wolseley's comments. The article brings up some interesting points, some of which will be the focus of the discussion in my thesis. The above quotations compare Cyprus' climate with that of Malta, Gibraltar and Egypt but not with that of the South of France or the North Italian shores. The 'sibling' rivalry of comparing one's native or adopted country with the qualities of the neighbouring countries was and still is a common feature of Mediterranean political and cultural discourse. One of the ideas that this thesis will discuss is that the countries bordering the Mediterranean Sea had separate identities, each drawing on cultural, religious and political ideologies of the neighbouring countries. In the case of the three case studies analysed in this research, the language, politics and religion of the islands closely resembled those in Italy, Greece and the Ottoman Empire.

This thesis focuses on the case studies of Malta, Cyprus and the Ionians during the nineteenth century and seeks to understand how medicine and health developed and transformed in the context of a British dominated Mediterranean.⁴ Thus, this study is a contribution to the historical analysis of colonial medicine as it looks at the changes and development of public health and medical institutions of Mediterranean island colonies. This research concentrates on three different groups of islands, culturally and linguistically tied to the neighbouring dominant countries,

⁴ The Maltese Islands are an archipelago of islands with Malta being the largest island. There are two inhabited islands: Malta (the largest) and Gozo (slightly smaller). The small island of Comino was until recently inhabited by one family. This study will focus on Malta and will make brief references to its sister island Gozo.

yet all under British dominion. While it focuses on one aspect of these islands' social history, it also aims at situating the history of health within the broader context of population demographic, economic and cultural change. It showcases historical processes and reforms such as segregation of individuals in quarantine and the understanding of Government, private and formal charitable systems in each island.

Britain was itself a leader in introducing new hygiene and sanitary legislation, stimulating major health reforms within England and the British Empire. This thesis looks at how, in this small corner of the British Empire, the major health reforms which took place in England were at once accepted and contested by different political groups in the colonies. It also discusses the importance of state intervention and centralisation of health structures and policies in the Mediterranean colonies. It illustrates the differences in management of hospitals and medical charities and, in particular, demonstrates the dissimilitude between the administration of public health in England and that of the Mediterranean colonies.

The first major thesis of this research explores the significance of the geo-strategic uniqueness of the islands in the political and commercial milieux of the British Empire. Chapter 1 will argue that in the context of isolation of contagious diseases, the islands constituted a *cordon sanitaire* between Imperial Europe and disease-ridden Africa and Asia. The Mediterranean region was also the border where modernity ended and traditionalism and 'backwardness' started. In Chapter 2, the study of health resorts and spas denote a divided Mediterranean region: on the one hand the healthy and beneficial regions where the Italian and French resorts were situated and on the other hand, the hot, unhealthy, fever-infested regions in the South of the Mediterranean. Furthermore, the Mediterranean can be seen as the border between modern civilised Europe and the rest of the Empire. The

Mediterranean was a colonial space (with colonies, protectorates and harbours providing a haven for H.M.'s Navy), and at the same time a place of transition and acclimatisation for many colonial administrators, officials and the garrisons on their way to England. Apart from its political importance, it was this geographical significance that made the Mediterranean colonies an integral and essential part of the colonial mosaic. To understand better this theme, this research will draw on the theoretical frameworks of connectivity, isolation, the postcolonial discussion of how the West created a mythologised version of the East, and the ideology of Mediterraneanism as both a racial theory and a theoretical framework. These themes and frameworks will be analysed first in the introduction and then used in both Chapters 1 and 2 to help underpin the story of medical and health transformation of these Mediterranean islands.

The second central theme of this research is the local management of health and medical structures in the islands. Chapters 3 and 4 look at the decisions taken by local British authorities to consolidate and ultimately shoulder the financial burden of the health systems. This study will affirm that the colonial power in the islands was not simply domination by the imperial rulers on the subalterns. Rather, the introduction of science, medicine and health reforms were, in many instances, based on reciprocity and dialogue with the islanders and amongst the islanders. Both Chapters 3 and 4 discuss how the social capital (the networks and privileges amongst people living or working in a particular society, which enable them to function effectively) helped alleviate the problems created by fast urbanisation, and saw the creation of mutual aid societies and self-help methods aimed at the working classes. Also, through the study of the management of charitable institutions and sanitary organisation in Malta and Cyprus, this thesis will examine the multiple facets of the

coloniser-subaltern relationship. The theoretical frameworks of power (including Foucault's) and the studies of the subaltern will be first examined in this introduction and then discussed further in Chapters 3 and 4, with the aim of understanding the colonised-coloniser relationship in these British dominated Mediterranean islands.

The rest of the introduction will be divided into three large sections. In the first part it will give a brief overview of the history of the British navy and forces in the Mediterranean Sea and the politico-historical context of the three islands and the institutions and services of health in existence during the nineteenth century. It will also examine the population changes, problems related of overpopulation and urbanisation. In the second part of the introduction, I will be engaging with theoretical frameworks as mentioned above, mainly: the study of the subaltern and colonial domination over groups of islanders, issues of identity, connectivity and isolation together with the ideology of Mediterraneanism and the situating of the Mediterranean region as part of the West-Orient discussion. In the third section of the introduction I will deal briefly with the sources and structure of the chapters.

However, before moving on to the next section of the introduction, I wish to briefly delineate the boundaries of this work and give the reasons why. The islands under study were not the only British dominions in the Mediterranean: there was also Gibraltar. The choice to eliminate Gibraltar from this study was taken because this work focuses on the social and political dynamics between the British as colonisers and native populations. This work also eliminates other islands such as Crete, which although close to the islands under study here, were not under British dominion during the nineteenth century. This thesis will draw heavily on events in Malta, mainly because of the longer British dominion than the other countries (up until 1914). Fewer events and examples are taken from the Ionian Islands. This

discrepancy in my utility of the primary sources is due to the political unrest in the Ionian Islands at the time. The Ionian Islands experienced uprisings and civil unrest throughout the period of the British Protectorate. This impeded any reforms or discussions about public health and improvement of regulations in hospitals and asylums.

This research focuses on the long nineteenth century from the beginning of the British occupation for Malta and the Ionian Islands in 1800 until the beginning of the First World War in 1914. In the context of the history of medicine, the First World War in the Mediterranean and especially in Malta signalled the start of a great influx of military casualties. Malta played a significant role in the Great War in treating war casualties and was forever immortalised in the 1916 work of Rev. Albert G. MacKinnon, *Malta: The Nurse of the Mediterranean*.⁵ Although this is an interesting period of Malta's history of medicine to investigate, it deserves an independent scholarly study as an extraordinary event. In Cyprus the situation was also quite different and, as in Malta, military mobilisation and the War temporarily took over the politics of the islands and completely changed the lives of the inhabitants.

Situating Health in British Dominated Islands: the Politico-Historical Context

British Power in the Mediterranean

The British journey as a power in the Mediterranean in this period commenced with Napoleon's expeditions in the region during the French Revolutionary Wars. Nelson's fleet was on the trail of Napoleon, following a big naval campaign across

⁵ Albert G. MacKinnon, *Malta: The Nurse of the Mediterranean* (London and New York, 1916).

the Mediterranean. The British fleet caught up with Napoleon's army in Egypt in August 1797 where the Battle of Aboukir took place. On his way to Egypt (with the British fleet in hot pursuit) Napoleon stopped and conquered Malta.⁶ The geo-strategic importance of Malta was fully understood by Napoleon and conquering the island proved to be important for his campaign in North Africa. Due to pilfering from Maltese properties and Churches, French rule in Malta became highly unpopular and a two-year blockade against the French started in September 1798. In 1800 a Maltese deputation begged Nelson to help them relieve the blockade. The French army was finally defeated by Nelson's fleet in the Grand Harbour.

Having rid Malta of the French, the British authorities soon lost interest in Malta. For the first few years British authorities in England and the admiralty in the Mediterranean did not grasp the full potential of Malta's geographic position. For Britain, Malta and the Ionian Islands, which were conquered in the first two decades of the nineteenth century, represented mere pawns in a bigger European game of power. In theory, these islands could be traded off or used as bargaining chips in peace negotiations. By 1815, the strategic importance of both Malta and the Ionian Islands was still not fully grasped by the British authorities. British rule in the Mediterranean was at first characterised by a series of casual incidents but by August 1816, with the bombardment and fall of Algiers, the British began to establish themselves as a power to be reckoned with in the Mediterranean. From a transitory appearance in this region, they now established a more permanent presence.⁷ During this period, strong archetypal autocratic administrators, such as Governor/High

⁶ A more detailed account in Edward Ingram, *In Defence of British India: Great Britain in the Middle East, 1775-1842* (Oxford and New York, 1984), pp. 67-78.

⁷ Robert Holland, *Blue-Water Empire – The British in the Mediterranean since 1800* (London, 2012), pp. 27-30.

Commissioner Sir Thomas Maitland, established themselves in the newly acquired islands of Malta and Corfu (the largest of the septinsula of the Ionian Islands).⁸

By the end of the second decade of the nineteenth century, Britain's attention was drawn to the problems in the East of the Mediterranean. With control established over the Ionian Islands, the Mediterranean became effectively a 'British lake' with the navy controlling commerce and shipping through the entrance (Straits of Gibraltar) and the exit (the Dardanelles) of the Mediterranean Sea. During this time more trouble was brewing in the East of the Mediterranean over the Eastern Question. For decades, British policy in the Mediterranean revolved around the principle of creating as little discomfort and shame to the Ottoman Empire as possible. British authorities deemed the preservation of the declining Ottoman Empire to be in their best interests. The Ottoman Empire acted as a buffer zone between Russia and the Mediterranean. The British did not want Russia to gain a Mediterranean port and upset British power in the region. This policy continued throughout the nineteenth century and was one of the reasons behind the declaration of war between Britain and Russia in support of the Ottoman Empire in the Crimean War in 1854. Overall British mastery in the Mediterranean did not depend on pressing their claims too far. Britain in the Mediterranean was not loved but rather respected.⁹

⁸ I discuss Thomas Maitland's career and role in the Mediterranean in Chapter 3. By the time he was sent as a Governor of Malta and High Commissioner of the Ionian Islands he had decades of colonial service behind him. He was the force behind the major reforms in Sri Lanka and numerous other campaigns. His presence and work in the Mediterranean at this particular point ensured conformity and stability within the Mediterranean colonies. H. M. Chichester, 'Maitland, Sir Thomas (1760–1824)', *Oxford Dictionary of National Biography*, (Oxford, 2004), available online <http://www.oxforddnb.com/view/article/17835>, (7 Sept 2014).

⁹ Holland, *Blue-Water Empire*, pp. 53–66. More about the collapse of the Ottoman Empire James J. Reid, *Crisis of the Ottoman Empire: Prelude to Collapse 1839–1878* (Stuttgart, 2000), Joseph Heller, *British Policy Towards the Ottoman Empire 1908–1914* (Oxford and New York, 1983).

New challenges arose in the Mediterranean which called for the presence of the British fleet. One of these challenges was the political and social movement for the unification of Italy which began during the Congress of Vienna in 1815. The British Navy did not intervene against Giuseppe Garibaldi in 1860 in his march from South Italy with his thousand Red Shirts (or *Camicie Rosse*).¹⁰ Garibaldi's march helped achieve the unification of the Kingdom of Italy that led the way to the end of the *Risorgimento* with the annexation of the Venetian provinces in 1866 and Rome in 1871. Thus, by not intervening, the British helped keep the balance of power in the centre of Europe where both Italy and Germany were fighting for unification during the same period. The state of affairs in Italy, the manoeuvres of the French Republic and the insubordination of the Ionians in the Ionian Islands, kept the British Mediterranean fleet busy throughout the nineteenth century.

In 1865 the British ceded the Ionian Islands to Greece and thus ended its protectorate in the East of the Mediterranean. By this time, the Maltese islands had become indispensable to the British fleet. The fleet was stationed in the Maltese harbours and at the slightest hint of disputes or possible aggravation in the Mediterranean, the fleet would be dispatched post haste. In 1869 the Suez Canal was opened, and British commercial interests had once again shifted towards the East of the Mediterranean. It was also during this period that a belligerent Prussia with Bismarck at its helm created friction for Anglo-French relations. This prompted the British to heighten their defences in the Mediterranean. Malta saw a spate of new fortresses being built and reinforcement of older buttresses and forts. It had to be self-sufficient and ready in the case of a conflict involving one of the Mediterranean countries.

¹⁰ Giuseppe Garibaldi (1807-1882) was an Italian general who led the *Camicie Rosse* on behalf of King Vittorio Emanuele II during the fight for the Unification of Italy.

Thus, in just over sixty years Malta made the transition from a small inconsequential pawn in the bigger European game of power to an indispensable outpost from where the fleet could be immediately dispatched to dissuade aggression or be part of it. According to Robert Holland, the most important part played by the Mediterranean for the British Imperialists was the ability to control and influence European politics in the Mediterranean basin from the harbours of Malta, the Ionian Islands and later on Cyprus.¹¹ This is a very interesting analysis because it makes the Mediterranean an inherently focal point for British Imperial politics and not simply somewhere from where the commercial fleet of the Empire could access the ‘jewel in the Crown’.¹² This makes the Mediterranean a stage from where European and British power was played out. Thus, the Mediterranean Sea became the centre of focus for British imperialists. Using the harbours of the Mediterranean island colonies, the British could situate themselves in the centre of European political arena.

An Ottoman possession, Cyprus was annexed by the British Empire as a protectorate in 1878. The Sultan of the Ottoman Empire was pressured by Britain to cede Cyprus in a secret agreement (Cyprus Convention) which was then revealed as the powers were signing the Congress of Berlin.¹³ The acquisition of Cyprus made Britain a truly pan-Mediterranean power. From Cyprus, the British could observe the Ottoman Empire and Egypt without interfering with the French rule in the latter. Prime Minister Disraeli’s decision to annex Cyprus fomented discontent amongst the Liberals in England. Liberals believed that the protection of Cyprus constituted an aggressive act, one tantamount to invasion. The cessation of Cyprus sealed the

¹¹ Holland, *Blue-Water Empire*, pp. 101-02

¹² Ibid.

¹³ As can be seen in Map 1.2

reputation of an increasingly aggressive Britain in the Mediterranean and it also gave the British an outpost in the East of the Mediterranean from where they could closely monitor this volatile region.¹⁴

Population Analysis of the Islands

The history of medicine and health reforms of Malta, Cyprus and the Ionian Islands took shape in this complex British-dominated nineteenth-century Mediterranean. These colonies were small with a total population of barely over 700,000 by the eve of the First World War. Cyprus is the largest island with an area of 9,251 km² and Malta the smallest with an area of 316 km² (slightly bigger than the city of Birmingham). The sum area of all the Ionian Islands totals 2,468.501 km². The population of the Ionian Islands in 1860 was approximately 228,000 (92 people per km²), whilst in the same year that of Malta was 134,055 (424 people per km²). This indicates the high level of overpopulation in Malta. Renewed efforts by the British authorities in Malta to reduce the rise in overpopulation resulted in small migration movements to other British colonies, including Mediterranean ones like Cyprus, Corfu and Gibraltar.¹⁵ The population of Malta rose steadily during the nineteenth century. From a population of 93,054 in 1807, the Maltese population grew by 118,510 to reach 211,546 in 1911 (669 people per km²).¹⁶ In the case of Cyprus with an area of 9,251 km², the population was rising steadily from 1878 until 1911.

¹⁴ Andrekos Varnava, *British Imperialism in Cyprus, 1878-1915- The Inconsequential Possession* (Manchester, 2009), pp. 1-4.

¹⁵ Gail Hook, 'Mr. Fenech's Colony: Maltese Immigrants in Cyprus 1878-1950,' *Journal of Cyprus Studies*, 13(2007), pp. 27-51, David Hannell, 'The Ionian Islands under the British Protectorate: Social and Economic Problems', *Journal of the Modern Greek Studies*, 7(2010), p. 118.

¹⁶ National Archives Malta, *Censuses of Malta 1842, 1851, 1861, 1871, 1881, 1891, 1901, 1911, 1957* (Malta).

Starting with a population of 186,173 in 1881, Cyprus' population increased to 274,108 by 1911(30 people per km²).¹⁷

Population in Cyprus (including the two major religious groups)							
Date	General Population	Greek Population		Turk Population		Others	
1881	186, 173	137,631	73.9%	45,458	24.4%	2,742	1.4%
1891	209,286	158,585	75.8%	47,926	22.9%	2,775	1.3%
1901	237,022	182,739	77.1%	51,309	21.6%	2,974	1.3%
1911	274,108	214,480	78.2%	56,428	20.6%	3,200	1.2%

Table I: Statistical data showing the population growth of Cyprus and religious grouping of the population. Census Statistics Cyprus 1881-1911.

Maltese Islands Population	
Date	Population
1807	93,054
1842	114,499
1851	123,496
1861	134,055
1871	141,775
1881	149,782
1891	165,037
1901	184,742
1911	211,564

Table II: Statistical data showing the growth of the Maltese population. Census Statistics Malta 1807, 1842, 1851-1911.

Both Tables I and II show a steady increase in population growth. However, Table I shows that although the population in general was steadily increasing, the minorities' population was increasing at a much slower pace, while the Greek

¹⁷ Cyprus: Report by Her Majesty's High Commissioner for the years 1889-90 and 1890-91, TNA, Blue Books of Statistics 1890-91, CO456/12.

Orthodox portion of the population was the more dominant. The records for the population of the Ionian Islands are approximate as there was only one census taken by the British authorities in these islands in 1858. The population seven years before the ceding of the Ionian Islands to Greece was 240,063.¹⁸ As can be seen in Table III, the other figures for 1820, 1851 and 1860 are general approximations given in contemporary journals and studies.¹⁹

Urbanisation was already shaping some of the larger towns in these islands. In Malta urbanisation increased under British rule. Although the movement of population had already started under the rule of the Order of St. John, during the nineteenth century, Valletta and the towns around it were becoming increasingly urbanised. This was mainly due to the increase in the opportunity of employment for the working classes around the docks and the harbours. As the population swelled, other small hamlets around the coast, like Marsaxlokk, Marsascala and

¹⁸ 'Census of the Ionian Islands 1858', *Journal of the American Geographical and Statistical Society*, 1(1859), p. 281.

¹⁹ Henry Holland, 'Travels in the Ionian Isles, Albania, Thessaly, Macedonia etc during the years 1812, 1813,' *The Quarterly Review*, 23(1819), p. 327, Charles James Napier, *The Colonies: Treating of their Value Generally - Of the Ionian Islands in Particular* (London, 1833), as quoted in Gerassimos Pagratis, 'The Ionian Islands under British Protection (1815-1864)' in Carmel Vassallo and Michela D'Angelo (eds.), *Anglo-Saxons in the Mediterranean. Commerce, Politics and Ideas (XVII-XX Centuries)*, (Malta, 2007), p. 134, George Ferguson Bowen, 'The Ionian Islands under British Protection', *Knowsley Pamphlet Collection*, (London, 1851), p. 59, John Hennen, *Sketches of the Medical Topography of the Mediterranean: Comprising an Account of Gibraltar, the Ionian Islands, and Malta: to which is Prefixed, a Sketch of a Plan for Memoirs on Medical Topography*, (London, 1830), pp.175-76.

Population of the Ionian Islands	
Date	Population
1820	200,000
1830	189,000
1833	190,000
1851	220,000
1858	240,000
1860	228,000

Table III: Statistical data showing the population changes throughout the British protectorate of the Ionian Islands. Henry Holland, 'Travels in the Ionian Isles, Albania, Thessaly, Macedonia etc during the years 1812, 1813,' *The Quarterly Review*, 23(1819), p. 327, Charles James Napier, *The Colonies: Treating of their Value Generally - Of the Ionian Islands in particular* (London, 1833), as quoted in Gerassimos Pagratis, 'The Ionian Islands under British Protection (1815-1864)' in Carmel Vassallo and Michela D'Angelo (eds.), *Anglo-Saxons in the Mediterranean. Commerce, Politics and Ideas (XVII-XX Centuries)*, (Malta, 2007), p. 134, George Ferguson Bowen, 'The Ionian Islands under British Protection', *Knowsley Pamphlet Collection*, (London, 1851), p. 59, John Hennen, *Sketches of the Medical Topography of the Mediterranean: Comprising an Account of Gibraltar, the Ionian Islands, and Malta: to which is Prefixed, a Sketch of a Plan for Memoirs on Medical Topography*, (London, 1830), pp.175-76, Census of the Ionian Islands 1858', *Journal of the American Geographical and Statistical Society*, 1(1859), p. 281.

Birzebbuga, became larger fishing communities.²⁰ Cyprus experienced an increase in urbanisation with the arrival of the British in 1878. The six major towns of Cyprus (Nicosia, Larnaca, Limassol, Famagusta, Paphos and Kyrenia) contained 16.9 per cent of the whole population of Cyprus in 1881. By 1946 this increased to 21.6 per cent. However, scholar Irene Taeuber claims that the outstanding development of Cyprus' population between 1881 and 1946 was not in the big towns but rather in the increase of the population in the villages. She claims that this increase was due to British order and British developments in Cyprus.²¹ In the Ionian Islands, Corfu town went through the process of urbanisation during the

²⁰ Louis F. Cassar, 'Settlement patterns in the Maltese Islands: From Early Colonisation to pre-Independence', *GeoJournal* 41(1997), pp. 142-3.

²¹ Irene B. Taeuber, 'Cyprus: The Demography of a Strategic Island', *Population Index* 21(1955), pp. 10-12.

British colonial period, albeit less intensive than that in Malta. Similar to the case of Malta, more work opportunity arose in Corfu where the British administration resided. The other rural regions of Corfu and the remoter islands remained largely unaffected by British rule.²²

Political and Constitutional Development under British Dominion

The labour and commerce brought into the Mediterranean harbours due to the British presence on the island was important for the islanders and it helped maintain a steady rise in the population. But this commerce was artificially constructed. Malta prospered (both in terms of money coming into the island and the creation of employment) whenever the British fleet was involved in a conflict in the Mediterranean. Once the conflict ended, employment was lost and the harbour economy returned to normal. A widespread nationalist critique of imperialism in Malta and Cyprus argued that colonialism hampered the development of home industries in this region. The Mediterranean region for the British Imperialists was simply a ‘passage-way, a warehouse, a coaling station’ and a safe haven for the British Mediterranean Fleet.²³ Nonetheless, local political issues needed to be settled and resolved. The first hurdles encountered by the British administrators in the Mediterranean colonies of Malta, Ionian Islands and Cyprus were the terms of dominion under British rule. In all islands under study here, the British administration elicited acrimony and controversy from local political groups in its first years of rule.

²² John Chircop, ‘Old Age Coping Strategies of the Ionian and Maltese Poor, 1800–1865’, *Hygieia Internationalis* 5(2006), p. 52.

²³ Henry Frendo, *Europe and Empire: Culture, Politics and Identity in Malta and the Mediterranean (1912-1946)* (Malta, 2012), p. 25.

The British connection with Malta started in 1800 when the French were driven out by Nelson's fleet and the High Commissioner Alexander Ball was welcomed by the Maltese.²⁴ Malta remained a protectorate until 1814 when the Treaty of Paris decreed that Malta become a crown colony under British rule. Following the debacle of the short-lived French rule in Malta, the British allowed free religious practice in Malta but they denied the Maltese any political representation. Technically Malta was ceded to and not conquered by the British. However, the difference between cessation and conquest became blurred as the British continued to withhold the ruling rights of the Maltese.²⁵ This was a bitter disappointment to many Maltese leaders who led the insurrection against the French. Any right to rule was removed both under British protection and as a crown colony. The expectation was that the British King and Government would assemble a *Consiglio Popolare* (Popular Council) which would help set up legislation, taxation and the general administration of the islands. Instead, all legislative power was concentrated in the hands of the head of the Government – namely the Governor.

In 1812 Malta received its first Royal Commissioners composed of the conservative William A'Court²⁶, John Burrows (a colonial judge and subsequently Chief Justice in West Indian Dominica) and Lieutenant Hildebrand Oakes (the residing High Commissioner of Malta before the arrival of Thomas Maitland in

²⁴ Sir Alexander Ball (1757-1809) was a British Admiral and served as the High Commissioner of Malta from 1798 until 1801.

²⁵ Henry Frendo, *Party Politics in a Fortress Colony: the Maltese Experience* (Malta, 1979), p. 3.

²⁶ In 1813, A'Court became the envoy extraordinary of the Barbary States and would later also become the Minister Plenipotentiary in Sicily. In 1822 he became an envoy extraordinary to Spain and an ambassador to Portugal. He was ultra-conservative and a very able diplomat in Europe and in the Mediterranean scenes. For more detail, see: Muriel E. Chamberlain, 'A'Court, William, first Baron Heytesbury (1779-1860)', *Oxford Dictionary of National Biography*, (Oxford, 2004), available online <http://www.oxforddnb.com/view/article/70>, (7 May 2014).

1813).²⁷ While the Commission was already in Malta, the Marquis Nicolo Testaferrata²⁸ sent a petition to the British Government urging for Government posts to be given to the Maltese, and for the establishment of a *Consiglio Popolare*. In this he was supported by a high-ranking cleric in Malta, Onorato Brés, who pleaded in letters sent to the British Government that the Maltese should be given some representation in their own Government, similar to what they had enjoyed previously under the rule of the Order of St. John. However, the requests of Testaferrata and Brés were made too late as the Commission had already finished its report. The Commission decided that Malta was to have a military governor (putting his military and naval duties ahead of the civil duties), that an advisory council could be set up by the Governor (four British and four Maltese), that the justice system had to be reformed upon the English model and finally that the English and Italian languages were to become the official languages of the Government. Most of these issues continued to be the bane of the Maltese politicians' requests throughout the nineteenth century and into the twentieth century.

The Governors appointed for Malta and the High Commissioners appointed for the Ionian Islands and Cyprus honoured their position for a few years. In Malta the first governor, Thomas Maitland governed from 1813 until his death in 1824. This was the longest governorship in nineteenth-century Malta. Sir Frederick Adam spent ten years as a High Commissioner in the Ionian Islands and in Cyprus both Sir Robert Biddulph and Sir Charles Anthony King-Harmon ruled for seven years. It is

²⁷ Desmond Gregory, *Malta, Britain, and the European Powers, 1793-1815* (New Jersey and London, 1996), p. 320. Gregory mentions in Notes on Chapter 12, no. 22 that an anonymous letter in *The Statesman* 10 February, 1813, made the comment about the High Commissioner's presence in this Commission.

²⁸ Marquis Nicolo Testaferrata was a Maltese nobleman and a prominent leader (Captain Commandant) during the Maltese insurrection against the French rulers in Malta from 1879 until 1800.

therefore understandable that the real administrative duties were not attended to by the Governor himself. These islands were ruled by the local Governments headed by the Secretary for the Government and the Crown Advocate. This concentration of power in the hands of selective local politicians was problematic as explained in detail in Chapter 4. In the case of the sanitary reform in Malta, some of the Governors like Charles van Straubenzee had lost all control over his trusted local politicians and over his ex-officio members in the Council of Government. Added to this, the Governors in Malta, with the exception of one, were all military governors which meant that military affairs took precedence over local and civil ones. This is the reason behind calling Malta a ‘fortress colony’. Malta was ruled like a large fortress in readiness for war and conflict, ready to host one of the biggest fleets that the British Navy had at the time. The political strife, the civil institutions, judicial systems and the local governance of the islands came second to the importance of the military and naval operations in the Mediterranean. Every time local Maltese politicians petitioned for civil rights and legislative representation, the British Government reiterated that Malta was a fortress and due to its strategic value it could not be treated like any other colony.²⁹

Nobles and leaders of the Maltese felt that the British, by declaring Malta to be a crown colony and depriving the Maltese of a representative assembly, betrayed the Maltese people’s trust. Instead of being given a representative system where a Governor ruled with a local assembly (as was customary in the West Indies and later on adopted in Canada, Australia and New Zealand), Malta was given the status of a crown colony which meant that the Maltese could not take legislative or financial decisions. Ultimately, the Governor, on behalf of the British Government, ruled the

²⁹ Frendo, *Party Politics*, p. 5.

colony. This was also the system adopted in Ceylon and Trinidad at the turn of the nineteenth century.³⁰ The 1812 Commissioners in Malta suggested that if the Governor wished he could nominate a Council. However, when Maitland arrived in Malta in 1813 he abandoned this idea and it took until 1835 for the new Council to be formed. The Council was to consist of seven members of whom four were official members and three were elected members consisting of at least two Maltese individuals, the latter being chosen by the Government from amongst chief landed proprietors and merchants.³¹ Thus the Governor retained all power in Malta and the Maltese had to wait until 1921 to achieve self-Government. However, these letters patent (in this case an open document issued by the British Government and Monarch conferring the right on the Governor in Malta to form a legislative assembly) had to be abandoned once again in 1930 when the politico-religious crises erupted between the Government of Lord Gerald Strickland and the Bishops of

³⁰ Peter J. Marshall, *The Cambridge Illustrated History of the British Empire* (Cambridge, 1996), pp. 152-54.

³¹ John J. Cremona, *The Maltese Constitution and Constitutional History since 1813* (Malta, 1997), pp. 3-5.

Malta and Gozo³². A temporary Council was set up which automatically suspended the 1921 self-Government.³³

Similarly, the annexation of the Ionian Islands into the British Empire in 1814 also saw controversy and local political agitation. In 1809 the British Navy was asked by the Ionians to help expel the French rulers from the Ionian Islands. All but two islands, Corfu and Paxos, were liberated and until 1814 the islanders were ruled by a British military commander, aided by a Council composed of local leaders. Leading up to the Congress of Vienna, the British authorities and the British cabinet could not agree on the fate of the Ionian Islands. Lord Bathurst (the Colonial Secretary at the time), together with other high ranking officials in the British army, was in favour of taking over the protection of the Ionian Islands. This annexation would help to consolidate British policies in the Mediterranean. However, both Lord Castlereagh and Lord Liverpool disagreed on this course of action and favoured giving the islands to Austria for protection instead of annexing them with the British

³² Baron Gerald Strickland (the cousin of Walter Charles Strickland of Sizerg Castle) was born in Malta in 1861 from Commander Walter Strickland and Maria Aloysia Bonici-Monpalao (heir to the fifth Count della Catena in Malta). He was later to buy Sizerg Castle and the estate from his cousin Walter Charles Strickland and save it from ruin. Gerald Strickland was educated in England and Italy and graduated from Cambridge in 1887. In 1886 he was elected a member in the Council of Government. By 1889 he became the Chief Secretary of Malta. However, by 1902 the political situation in Malta over the language question was heating up. Strickland left and became the Governor of Leeward Islands, then Governor of Tasmania, Governor of West Australia and Governor of New South Wales. In 1921 he returned to Malta and formed the Anglo-Maltese Party which then became the Constitutional Party after merging with the Maltese Constitutional Party of Augustus Bartolo. The 1921 self-Government letters patent gave political and administrative power to the Maltese for the first time. Strickland was the leader of the opposition until 1927 and then became Prime Minister after winning the elections in 1927. At this time relations with the Church in Malta were breaking down and came to a head in 1930 imminently before the elections when the Bishops of Malta and Gozo issued a 'mortal sin' pastoral letter, refusing absolution to all those who voted for Strickland and his party. The 1921 Constitution was subsequently revoked, despite efforts by Strickland to reinstate a representative Government for the Maltese. Strickland died in Malta in 1940. Joan Carnwath, 'Strickland, Gerald Paul Joseph Gajetan Carmel Antony Martin, Baron Strickland (1861-1940)', *Oxford Dictionary of National Biography*, (Oxford, 2004), available online <http://www.oxforddnb.com/view/article/36350>, (18 May 2014).

³³ Cremona, *The Maltese Constitution*, pp. 23-37.

Empire.³⁴ Castlereagh finally accepted to annex the Ionian Islands as protectorates within the British Empire. On Castlereagh's advice the British Government signed the Treaty of Paris on 5 November 1815 which decreed that the Ionian Islands had to be protected as a 'single, free and independent State' called the United States of the Ionian Islands.³⁵

However, during the Treaty of Paris negotiations, the local leaders of the Ionian Islands were held back from attending the Treaty negotiations. The British settled their country's fate without their consent. The Ionians were not yet ready to rule their own country and they needed the firm hand of the High Commissioner when taking administrative and legislative decisions. This consolidated a comprehensive military and political policy throughout southern Europe, especially in the Mediterranean basin. The Constitution given to the Ionians in 1818 was not well received, locally or overseas. The system of election of the Ionian Legislative Assembly was carefully tailored to work in favour of the High Commissioner.³⁶ By the end of the Protectorate, the Assembly was to consist of impoverished landowners who were too afraid to implement any changes lest these would rob them of their lands and estates, and the unionists (radicals who wanted *enosis* or union with Greece) whose main aim was to make any form of Government impossible to work. Yet, these islands had to be protected as single and free states. It is little wonder that these islands were considered as an anomaly by the British rulers in England. Although the Ionian Islands were free to govern themselves under the Protectorate agreement, the British administration learnt that they could not do that.

³⁴ John J. Tumelty, 'The Ionian Islands under British Administration', (PhD Thesis, University of Cambridge, 1953), pp. 16-21.

³⁵ Maria Paschalidi, 'Constructing Ionian Identities: The Ionian Islands in British Official Discourses: 1815-1864', (PhD Thesis, University College London, 2009), pp. 79-82.

³⁶ Hannell, 'The Ionian Islands under the British Protectorate', pp. 106-07, Thomas W. Gallant, *Experiencing Dominion: Culture, identity, and Power in the British Mediterranean*, (Indiana, 2002), p. 9.

The Assembly was too divided and political strife was rampant.³⁷ The islanders saw through the charade that was the Protectorate Constitution and a deputation led by Count Ioannis Kapodistrias formally complained about the state of affairs with the Prime Minister Lord Liverpool in 1819.³⁸ Soon these complaints turned into general discontent against British rule. The issue of nationalism and Ionian unification with Greece became paramount in the minds of the islanders, creating complications for British rule in the Islands.³⁹

The Ionian Islands were not the only Protectorate in the Mediterranean suffering from conflicts with the British colonial rulers. Following the cessation of the Ionian Islands to Greece in 1865, an opportunity arose for the British Empire to declare Cyprus as a British Protectorate in 1878. During the Anglo-Turkish Convention of June 1878, the British Conservative Government made Ottoman Sultan Abdul Hamid II promise to hand over Cyprus and give the British Government the right to administer it. Cyprus was taken as a *place d'armes*, intended to be an offensive base with an equally strongly positioned harbour capable of sheltering warships and troops.⁴⁰ The British protectorate of Cyprus was intended to stop the encroachment of Russia over the declining Ottoman Empire. The British also agreed to pay a 'rent' to the Ottoman Empire in lieu of occupying Cyprus:

³⁷ Hannell, 'The Ionian Islands', p. 108.

³⁸ Count Ioannis Antonios Kapodistrias (1776 – 1831) was born in Corfu. He was a Greek Foreign Minister of the Russian Empire and one of the most distinguished diplomats in Europe. After a long career in European politics he was elected as the first head of state of independent Greece from 1827 until 1833. He is considered the founder of Greek independence and modern Greece.

³⁹ Gallant, *Experiencing Dominion*, p. 9. Check also: Bruce Knox, 'British Policy and the Ionian Islands, 1847-1864: Nationalism and Imperial Administration', *The English Historical Review*, 99 (1984), pp. 503-29, Gerassimos D. Pagratis, 'The Ionian Islands under British Protection (1815-1864)', in Carmel Vassallo and Michela D'Angelo (eds.), *Anglo-Saxons in the Mediterranean. Commerce, Politics and Ideas (XVII-XX Centuries)*, (Malta, 2007), pp. 131-143, Athanasios Gekas, 'Class and National Identities in the Ionian Islands under British rule', in Roderick Beaton and David Ricks (eds.) *The Making of Modern Greece: Nationalism, Romanticism and the uses of the Past (1898-1896)* (Farnham, 2009), pp. 161-76, Eleni Calligas, 'Radical Nationalism in the British Protectorate of the Ionian Islands (1815-1964)', in Roderick Beaton and David Ricks (eds.) *The Making of Modern Greece: Nationalism, Romanticism and the uses of the Past (1898-1896)* (Farnham, 2009), pp. 151-61.

⁴⁰ Varnava, *British Imperialism*, pp. 2-3.

further proof that Cyprus was simply ‘occupied’ by the British without the intention of investing into it as a colony. Throughout the latter decades of the nineteenth century Cyprus was the subject of a major controversy in England which historian Andrekos Varnava claims is also reflected in the historiography of British Cyprus. On the one hand Cyprus’ possession was justified by the Conservative Government in England as an important asset for the British Empire because of its position in the East of the Mediterranean, close to the ailing Ottoman Empire and close to Egypt. On the other hand, Cyprus never came to hold an important strategic value as Malta did. Thus, the possession of Cyprus turned out to have nothing to do with the original reasons given by the Conservative Government in 1878. There was no harbour regeneration for Cyprus and it never became a *place d’armes* as intended by Lord Liverpool in 1878. This generated criticism in England. Edward G. Browne called the possession of Cyprus in 1896 as having become a “white elephant”, a useless and tiresome encumbrance which we should be much better without.⁴¹ In short Cyprus never became a valuable strategic asset as visualised by Lord Liverpool in 1878.

Another point of discontent in Cyprus was the ‘rent’ due to the Ottoman Porte for occupying Cyprus as decreed in the Anglo-Turkish Convention. The payment to the Ottoman Porte was sometimes as much as one half of the annual revenue of Cyprus. This tribute elicited criticism of the British Treasury, and complaints were voiced in Cyprus and England.⁴² However, local opposition hardly mattered as the Local Assembly was virtually powerless. The High Commissioner ruled together with a small Executive Council consisting of four high officials in

⁴¹ Edward G. Browne, ‘England’s Duty to Cyprus’, *The New Review*, 15 (1896), p. 511, Archibald Forbes, ‘The ‘Fiasco’ of Cyprus’, *Nineteenth Century: a Monthly Review*, 4 (1878), pp. 609-26.

⁴² Anonymous, ‘Cyprus under British Rule’, *Blackwoods Edinburgh Magazine*, 143 (1888), p. 396.

Cyprus. In 1882 a Legislative Council was set up consisting of six official members and twelve elected members (nine Orthodox and three Muslims). Evidently the Muslim representatives were expected to vote in unison with the Government against the Christian representatives. This, together with the High Commissioner's casting vote could outvote the Christian Cypriots' representatives. The Turkish Cypriots were angry with the smaller representation in this Constitution and threatened to abstain from the elections, which would have given the Greek Cypriots ascendancy in the Assembly.⁴³ Over the years the Cypriots asked for more participation in their own country's affairs but it was denied. Soon after the declaration of World War I, Cyprus was declared a colony and new letters patent were issued. Nonetheless, the new constitution did not give more representation to the Legislative Assembly.⁴⁴

Origins and Practices in the Islands' Medical and Health Institutions

From 1386 until 1797 the Ionian Islands were under Venetian rule. The Venetians had constructed lazarettos, hospitals and welfare institutions.⁴⁵ They also put in place a structured system of command on each island in charge of the lazarettos and the public health institutions. The *Proveditore alla Sanità* (Superintendent of Health) of every island was responsible for the *Magistrato alla Sanità* (Health Magistrate) who in turn supervised the inspectors of health, the health director and the guardians. Other sanitary officers were put in charge of the cleanliness of the streets and the supervision of village physicians. In 1797 the French took over the islands and retained the same system but they did not introduce any changes or sanitary reforms.

⁴³ 'The Colonial Office has offered Cyprus a Constitution', *The Spectator*, 8 April 1882, p. 2.

⁴⁴ Criton G. Tornaritis, *Cyprus and its Constitutional and other Legal Problems* (Nicosia, 1980), pp. 18-27.

⁴⁵ A lazaretto is term given for isolation buildings for people with suspected contagious diseases.

Under the British protectorate, the Venetian system was retained and ameliorated. As can be seen in Figure 1, under the British rule, the General Resident (usually a British military physician) was in charge of his assistant (the Resident's Assistant), the Health Magistrate, the lazaretto and the urban and rural sectors of public health. The system was further structured so that the Health Magistrate was in charge of the Health Director, the Chief Medical Officer, the Health Chancellor, inspectors and sanitary guards. Figure 1 shows how the health system was organised under British protection. Tsiamis, Thalassinou, Poulakou-Rebelakou et al. explain how the restructuring of the Venetian system by the British, the introduction of a vaccination system and the various quarantine measures taken, resulted in 'a successful sanitary campaign based on the experience of military physicians and their collaboration with civilian physicians'.⁴⁶ Furthermore, as will be discussed in Chapter 1, British local authorities implemented systems of segregation and isolation for institutions dealing with contagious diseases like plague, cholera, venereal disease and leprosy.

⁴⁶ Costas Tsiamis, E. Thalassinou, E. Poulakou-Rebelakou et al., 'Infectious Disease Control in the Ionian Islands during the British Protection', *Journal Royal Army Medical Corps*, 159 (2013), p. 247.

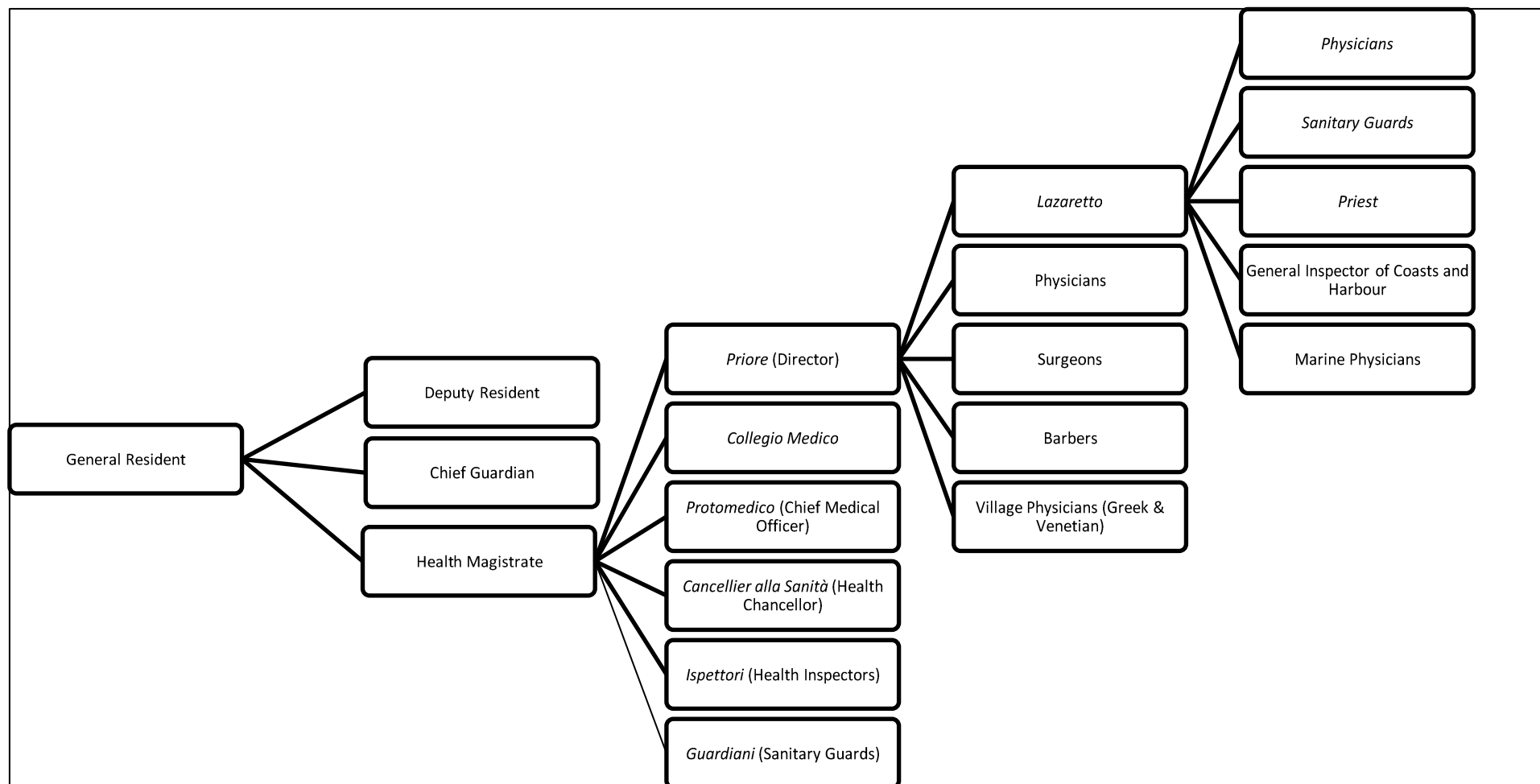


Figure 1: The British structured system of public health organisation in the Ionian Islands for each island. Based on the information provided in Tsiamis et al., ‘Infectious Disease Control’, pp. 247-54.

The Blue Books for the Ionian Islands are less detailed than those of the Maltese islands and Cyprus. Nonetheless, the Blue Books give an indication of the rates of morbidity of the Ionian Islands, and the number and diversity of civil hospitals on each island. Table IV shows that the civil institutions of the major islands, Corfu, Cephalonia and Zante, were well attended and continued to increase the number of patients admitted over the years. In 1855 Corfu had one civil hospital, a lunatic asylum, an alms-house for the poor, a foundlings hospital and a shelter for prostitutes.⁴⁷ These were all sustained and maintained by the British protectorate Government. The Foundling Hospital of Corfu had a high death rate. From 1770 until 1820, 1,439 foundlings were admitted out of whom 1,088 died, giving a death rate of 756 per 1,000. The Hospital for Prostitutes in Corfu was capable of accommodating twenty-five patients. From 1817 until 1822, 292 females were brought into the Hospital for Prostitutes, out of which 288 were discharged, two died and two remained in hospital.⁴⁸ The island of Cephalonia had three civil hospitals in 1855. One of these was the civil hospital at Argostoli which was originally built as a family house but later converted into a two-storey hospital capable of receiving forty patients in six wards.⁴⁹ In Zante, according to the Blue Books of 1855, there were two civil hospitals, one alms-house and another charitable institution for the poor. The surgeon and inspector of hospitals John Hennen described the orphanage/alms-house, also called *Orphanatrophion* as respectable but badly planned. This institution was divided into three parts: the orphanage on the first floor and the poorhouse for the women and men (separate sections), on the ground floor. According to statistics available to Hennen at the time, there were 216

⁴⁷ Ionian Islands Blue Book 1855, Hennen, *Sketches of the Medical Topography*, pp. 197-201.

⁴⁸ Hennen, *Sketches of the Medical Topography*, p. 204.

⁴⁹ Ibid., p. 282.

orphans in the alms-house out of which 84 died. Prince Camuto⁵⁰ funded both the *Orphanatrophion* and the lodging house for the poor and destitute. Here the poor could avail themselves of shelter, cook their food and sleep. There was no regular distribution of food. Another civil hospital was set up on the island of Santa Maura. It was a dwelling house capable of receiving fourteen patients. At the time of Hennen's visit the hospital was empty and it was mainly used as a dispensary. In this hospital local physicians undertook vaccinations, and checked and admitted prostitutes if found suffering from venereal diseases. This hospital also received foundlings but Hennen explains that infant mortality was very high and few of the foundlings made it to an age when they could be sent out to learn a trade. This hospital was maintained and financed by the British Government in Santa Maura.⁵¹ There were no civil hospitals or asylums on the islands of Ithaca, Cerigo and Paxo. Table IV shows the number of patients and inmates accepted into the Ionian Islands civil charitable institutions.

⁵⁰ Prince Camuto was a former senator of Venice and the ruler of the Septinsular Republic of the Ionian Islands which existed between 1800 and 1807 under Ottoman and Russian sovereignty. This succeeded the French rule in the Ionian Islands and preceded the British Protectorate which was sealed after the Treaty of Paris in 1814, when the French garrison in Corfu capitulated, Camuto appeared to be a man who preferred English culture and language over the French. He was well read and was an old-fashioned aristocrat and politician. According to John Galt, Camuto was a man of 'superior talents with a highly cultivated mind'. John Galt, *Letters from the Levant: Containing Views of the State of Society, Manners, Opinions and Commerce in Greece and several of the principle Islands of the Archipelago*, (London, 1813), pp. 48-49.

⁵¹ Hennen, *Sketches of the Medical Topography*, pp. 376-77.

Number of Patients Admitted into the Civil Institutions of the Ionian Islands		
Date	Island	Number of patients
1855	Corfu	340
	Cephalonia	30
	Zante	332
	Santa Maura	20
1856	Corfu	957
	Cephalonia	30
	Zante	332
	Santa Maura	20
1857	Corfu	857
	Cephalonia	481
	Zante	419
	Santa Maura	66
1860	Corfu	1053
	Cephalonia	193
	Zante	470
	Santa Maura	16
1861	Corfu	1100
	Cephalonia	165
	Zante	499
	Santa Maura	20
1862	Corfu	1273
	Cephalonia	162
	Zante	431
	Santa Maura	60

Table IV shows the number of patients and ‘inmates’ admitted into the civil charitable institutions of the Corfu, Cephalonia, Zante and Santa Maura from 1855 until 1862.⁵² *Statistical Reports on the Sickness, Mortality and Invaliding among the Troops in the United Kingdom, the Mediterranean and British America*, (London, 1839) and John Sutherland, *Report of the Barrack and Hospital Improvement Commission on the Sanitary Condition and Improvement of the Mediterranean Stations*, (London, 1863).

⁵² Due to the scarcity of data on the Ionians under the British Protectorate, it is hard to plot morbidity and mortality data. Most of the data available is for the troops in the Ionian Islands.

Health and Hospital Services in Malta before and during British rule	
Hospital and Asylum Services	<i>Santo Spirito</i> Hospital (civil hospital for the North of Malta, later to become a convalescent hospital attached to the Central Hospital).
	Holy Infirmary (male hospital under the Order of St. John)
	<i>Casetta delle Donne</i> (Women's Hospital including venereal diseases)
	<i>Casa delle Alunne</i> (Orphanage)
	<i>Civil Hôpital</i> (the successor of the Holy Infirmary)
	Central Civil Hospital (the successor of the <i>Civil Hôpital</i> and the <i>Casetta delle Donne</i> serving predominantly the South of Malta)
	Industrial Day School
	<i>Conservatorio</i> or House of Industry
	British Seamen's Ward (attached to the Central Civil Hospital)
	<i>Ospizio</i> or Poor House (precursor of the Mghieret Poor House)
	Magdalen Asylum (for repented prostitutes)
	<i>Villa Franconi</i> (precursor of the Lunatic Asylum in the <i>Ospizio</i>)
	Mghieret Poor House (successor of the <i>Ospizio</i>)
	Lunatic Asylum (First it was an establishment attached to the <i>Ospizio</i> . In 1865 a new Asylum was built in Wied Incita, Attard)
	Hospital for Incurables (First it was attached to the <i>Ospizio</i> . Later a palace was converted in Mdina).
	Leper Asylum (attached to the Mghieret Poor House)
District Medical Services	Dispensers or Police Physicians or <i>Medici di Polizia</i> or District Medical Officers
	Sanitary Office
Welfare institutions for the poor	<i>Monte di Pietà</i> (institutional pawnbroker)
	<i>Monte di Redenzione</i> (institution redeeming Christian slaves. Later annexed with the <i>Monte di Pietà</i>).
	Savings' Bank
	<i>Provvido Banco Maltese pei Risparmi</i> or Provident Bank for Savings

Table V showing an exhaustive list of all services, hospitals and asylums existing in Malta during the nineteenth century under British dominion. Richard Micallef, *Origin and Progress of the Government Charitable Institutions in Malta and Gozo* (Malta, 1901).

Similar to the case of the Ionian Islands, the Maltese Islands under British rule inherited most of the medical institutions from the rule of the Knights of the Order of St. John. Most of these institutions survived the French interlude and others were reinstated under British rule.

As Table V shows, the number of services and hospitals in Malta was far greater than those provided in the Ionian Islands. However, some of these services were inherited from the Order of St. John. The Knights of the Order of St. John were also hospitallers and since their inception in Jerusalem in 1050 they continued to care for the pilgrims and civilians in the countries they visited. Since their arrival in Malta in 1530 they set up two main hospitals: the first one in the old town of Birgu (or Vittoriosa) and later on in the new city of Valletta when this was built in 1867. The established order of the Knights dictated that wherever they visited they needed to erect eight *auberges* for their eight *langues*, a hospital and a church. The hospital built in Valletta was the Holy Infirmary and it accepted only males. During the subsequent centuries different charities were set up in Valletta and its suburbs. These were sometimes administered by the Knights but never financed by them. They ran on charitable funds from private donations. As I discuss later in Chapter 3, these charities were later incorporated under one Government department called the Civil Charitable Institutions Department by Thomas Maitland in 1817. From this point onwards the British Government was responsible for the maintenance and administration of all the above institutions. Needless to say, this new centralised system required a larger expense and a better central administration. By mid-nineteenth century the hospitals and asylums in Malta were struggling with long waiting lists. One way to alleviate the situation was to grant outdoor relief (which

Comparing the Number of Patients Admitted in Four Major Institutions in Malta							
Date	S.Spirito	Lunatic	Central	British	Total	General	Per 1000 of
1870	249	81	1373		1703		
1871	129	98	1572		1799	141,775	13
1872	157	87	1459		1703		
1873	265	88	1373		1726		
1874	266	92	1753		2111		
1875	314	118	1602		2034		
1876	318	106	1658		2082		
1877	343	105	1745		2193		
1878	363	109	2003		2475		
1879	454	118	1946		2518		
1880	477	125	1934		2536		
1881	438	128	2017		2583	149,782	17
1882	431	113	1430	313	2287		
1883	300	122	1419	300	2141		
1884	260	170	1577	253	2260		
1885	294	144	1852	258	2548		
1886	201	130	1778	180	2289		
1887	176	141	1792	100	2209		
1888	296	144	1832	218	2490		
1889	290	115	1748	255	2408		
1890	354	131	2045	236	2766		
1891	336	134	2281	180	2931	165,037	18
1892	338	127	2191	101	2757		
1893	307	139	2229	90	2765		
1894	361	148	2167	116	2792		
1895	437	105	2203	96	2841		
1896	444	115	2359	77	2995		
1897	434	138	2444	89	3105		
1898	481	142	2497	85	3205		
1899	482	167	2160	83	2892		
1900	456	162	2338	70	3026		
Total	10451	3842	58777	3100	76170		

Table VI shows the amount of patients visiting the Central Hospital, Santo Spirito Hospital, the Lunatic Asylum and the British Merchant Seamen Hospital from 1870 until 1900. It also gives the percentage of patients admitted into these institutions out of the whole population. Data gathered from Blue Books for Malta 1800-1900.

Comparing the Admissions and the Death Rates in the Civil Charitable Institutions in Malta															
Date	S.Spirito			Lunatic			Central			British Merchant Seamen			Total		
	Admitted	Died	%	Admitted	Died	%	Admitted	Died	%	Admitted	Died	%	Admitted	Died	%
1870	249	49	20	81	16	20	1373	215	16				1703	328	19
1871	129	23	18	98	19	19	1572	267	17				1799	339	19
1872	157	28	18	87	27	31	1459	250	17				1703	347	20
1873	265	45	17	88	18	20	1373	227	17				1726	352	20
1874	266	66	25	92	42	46	1753	289	16				2111	470	22
1875	314	58	18	118	24	20	1602	230	14				2034	388	19
1876	318	55	17	106	31	29	1658	217	13				2082	355	17
1877	343	73	21	105	32	30	1745	215	12				2193	375	17
1878	363	83	23	109	25	22	2003	267	13				2475	446	18
1879	454	78	17	118	42	36	1946	242	12				2518	434	17
1880	477	82	17	125	36	29	1934	234	12				2536	426	17
1881	438	74	17	128	39	30	2017	236	12				2583	413	16
1882	431	79	18	113	21	19	1430	207	14	313	14	4	2287	321	14
1883	300	60	20	122	29	24	1419	192	14	300	12	4	2141	373	17
1884	260	40	15	170	31	18	1577	227	14	253	8	3	2260	365	16
1885	294	41	14	144	19	13	1852	250	13	258	9	3	2548	413	16
1886	201	31	15	130	24	18	1778	235	13	180	12	7	2289	383	17
1887	176	26	15	141	61	43	1792	262	15	100	3	3	2209	441	20
1888	296	45	15	144	34	23	1832	244	13	218	6	3	2490	418	17
1889	290	36	12	115	33	29	1748	220	13	255	15	6	2408	386	16

1890	354	36	10	131	21	16	2045	225	11	236	11	5	2766	357	13
1891	336	43	13	134	28	21	2281	236	10	180	9	5	2931	395	13
1892	338	51	15	127	31	24	2191	242	11	101	5	5	2757	396	14
1893	307	46	15	139	22	16	2229	241	11	90	8	9	2765	420	15
1894	361	47	13	148	29	20	2167	261	12	116	8	7	2792	416	15
1895	437	55	13	105	20	19	2203	239	11	96	4	4	2841	380	13
1896	444	49	11	115	34	30	2359	284	12	77	4	5	2995	436	15
1897	434	41	9	138	33	24	2444	272	11	89	2	2	3105	408	13
1898	481	64	13	142	44	31	2497	280	11	85	9	11	3205	470	15
1899	482	58	12	167	37	22	2160	262	12	83	6	7	2892	451	16
1900	456	42	9	162	45	28	2338	265	11	70	5	7	3026	431	14
Total	10451	1604	15	3842	947	25	58777	7533	13	3100	150	5	76170	10234	13

Table VII shows the number of patients who died compared to those admitted in the Central Hospital, the Lunatic Asylum and the British Merchant Seamen ward from 1870 until 1900. This table shows the number of patients admitted each year, those who died and the percentage of dead patients from the total of patients every year. It excludes the patients who stayed in the asylum from one year to another.

consisted of small sums of money as alms) to those in need, even if they preferred being admitted into an institution rather than receiving outdoor relief.

Table VI was compiled using Blue Books data for Malta which omit most of the other asylums and include only the bigger institutions (or those more significant for the British troops) which admitted the highest volumes of patients per year. These four institutions admitted an average of 16 per thousand of the whole population. Other two institutions that had long waiting lists and admitted a considerable amount of patients were the Hospital of Incurables and the Poor House. The latter always suffered from long waiting lists even when newly constructed in 1900 in Mghieret.

According to the data compiled in Table VII 153.5 in 1000 patients admitted in the Santo Spirito Hospital died. A slightly lower mortality rate of 128.2 in 1000 was recorded for the Central Civil Hospital. The British Merchant Seamen ward did not receive as many patients as the Santo Spirito and the Central Hospital, and its mortality rate of 48.4 per 1000 patients was quite low. The worst mortality rates were recorded for the Lunatic Asylum. Although the number of patients admitted here was comparably low, the mortality rate of 246.5 per 1000 was very high. In 1874 the mortality rate was 46% or 456.5 in 1000 patients: almost half the inmates admitted in the Lunatic Asylum died that same year. A new Lunatic Asylum was purpose-built in 1865 mainly due to the hard work of the Comptroller of Charitable Institutions, Sir Ferdinand V. Inglott. However, by 1898 the Asylum was receiving more than 200 patients in excess of what it could healthily and comfortably accommodate.⁵³ The Comptroller of Charitable Institutions claimed that the excessive overcrowding was one of the main causes for such an abnormal high rate

⁵³ National Archives Rabat Malta, Register of References Charitable Institutions Vol. no. 33, p.303, copy of a telegram from Tunis, 28 November 1898, correspondence sent to Comptroller.

of mortality.⁵⁴ The hospitals and asylums in Malta were spatially inadequate for the growing overpopulation of the Maltese islands. One way to relieve the overcrowding in the institutions was to give outdoor relief to those whose illness or condition was not as urgent as others. In Chapter 3 I discuss how local authorities and Royal Commissioners tried to solve the growing expense of the outdoor relief. In this chapter I also explain in more detail the Government control of these institutions and the centralisation of all health and medical services on the islands.

In Cyprus mortality and morbidity rates were closely connected with bouts and epidemics of endemic fevers. One of the first regiments to land on Cyprus was the Forty-Second Regiment which landed at Chifflick Pasha near Larnaca. Soon after, the troops fell victims to the local fevers, yet with the exception of one officer, none of the officers were harmed.⁵⁵ Many reports and articles were written in journals like the *British Medical Journal*, about the abounding fevers in Cyprus. Most were interested in understanding the origins of these fevers and others simply reported the rates of morbidity and mortality of troops and British civilians affected by the fevers.⁵⁶ Few nineteenth-century journals reported on the health of the civilians apart from the curious fact that the islanders seemed to be able to recover from the fevers better than the British troops and servicemen. Some information about the Cypriots' health in general can be found in the medical and health reports sent by the Chief Government Medical Officer Dr Heidenstam and the scanty data gathered from the Blue Books of Cyprus. The data in Table VIII was gathered from the Blue

⁵⁴ National Archives Rabat Malta, Register of References Charitable Institutions Vol. no. 27, CSG02 1228/1890, f.49R, 25 September 1890, correspondence sent to Comptroller.

⁵⁵ Esmé Scott-Stevenson, *Our Home in Cyprus*, (London, 1880), pp. 37-38.

⁵⁶ See for example: Anonymous, 'Observations On Diseases In Cyprus', *The British Medical Journal*, 2(1878), p. 647, Anonymous, 'The Health of Cyprus', *The British Medical Journal*, 2(1881), p.110, Frederick Arthur Stanley, 'Colonel Stanley On The Health Of The Troops In Cyprus And India', *The British Medical Journal*, 1(1879), pp. 356-57, Scott-Stevenson, *Our Home*, pp. 37-38.

The Number of Patients Admitted and those who Died in the Cyprus Civil			
Date	Patients Admitted	Patients died	Percentage
1881	668	15	2.2
1882	658	37	5.6
1883	530	26	4.9
1884	650	19	2.9
1885	802	36	4.5
1886	861	41	4.8
1887	836	36	4.3
1888	950	35	3.7
1889	716	15	2.1
1890	582	18	3.1
1891	n/a	n/a	n/a
1892	810	34	4.2
1893	1066	29	2.7
1894	1108	30	2.7
1895	1162	35	3.0
1896	1246	43	3.5
1897	1253	40	3.2
1898	1369	61	4.5
1899	1321	66	5.0
1900	1369	60	4.4
1901	1627	72	4.4
1902	1462	83	5.7
1903	1591	66	4.1
1904	1609	86	5.3
1905	1671	107	6.4
1906	1435	65	4.5
1907	1804	89	4.9
1908	1643	75	4.6
1909	1691	102	6.0
1910	n/a	n/a	n/a
1911	n/a	n/a	n/a
1912	2301	104	4.5
1913	2120	117	5.5
1914	n/a	n/a	n/a
Total	36911	1642	4.4

Table VIII showing the number of patients admitted into the Cyprus hospitals, those who died and the rate of mortality from 1881 until 1914. Data sourced from Cyprus Blue Books Statistics.

Books of Cyprus from 1881 until 1914. This table shows a progressive increase in the number of patients being admitted into the civil hospitals (relative to the increase in population) together with a low mortality rate for the whole period from 1881 until 1914. Compared to the high mortality rates in the hospitals of Malta, those in Cyprus were healthier. This lends more credence to the Comptroller's belief that the high mortality rates in the Maltese institutions was due to overcrowding and, as a result, unhealthy conditions.

Cyprus in 1881 had five civil hospitals under Government administration and control: the Nicosia District Police Hospital, the Larnaca District General Hospital, the Limassol District General Hospital, the Kyrenia Police Hospital, the Papho General Hospital, the Lunatic Wards and the Leper Farm, an asylum for lepers, situated just outside one of Nicosia's city gates. In July 1890 another general hospital was opened in Nicosia intended for the reception of those in need of intensive care and surgery. Later, in 1902 the decision was taken to build a new lunatic hospital with the hope of creating better living conditions for the 'inmates'.⁵⁷ Other services which were offered collectively by the civil hospitals included out-patient care and dispensaries and vaccination in dispensaries.

The data in Table VIII excludes the admissions and death rate of the Lunatic Wards, the out-patients, vaccinated patients and the lepers in the Leper Farm. The rate of mortality in the Cyprus hospitals was far lower than that of Malta. Whilst in Malta the mortality rate was 134.4 per 1000, in the Cypriot hospitals the mortality rate was 44.5 per 1000. There is a big difference between the two islands' data,

⁵⁷ National Archives London, CO67/135, 'Medical Department Returns 1902', National Archives London, CO 456/12 Blue Books, *Cyprus Report by Her Majesty's High Commissioner for the years 1889-90 and 1890-91*, (London, 1892).

showing how overcrowded and inadequate the civil hospitals and asylums of Malta truly were. However, the opposite was true in the case of the troops in Malta and Cyprus. The troops in Cyprus seemed to suffer more than the local inhabitants from malarial fevers.⁵⁸ Esmé Scott-Stevenson, the wife of Captain Andrew Scott-Stevenson of the Forty-Second Regiment in Cyprus, wrote in her diary that few of the troops ‘enjoy[ed] a day’s perfect health’ despite having to work every day.⁵⁹ For years the controversy around the climate of Cyprus raged in both Cyprus and Britain. I discuss this controversy in more detail in Chapter 2 where I explain how the first High Commissioner of Cyprus, Sir Garnet Wolseley moved his troops and administration on Troodos Mountain to avoid the summer heat and fevers in 1879.⁶⁰ This difference between civilian and military death rate was also the fountain of disagreements over whether Cyprus was a healthy island or a fever-infested colony. Together with the Ionian Islands and Malta, Chapter 2 will discuss this dichotomy and this difference in perception between healthiness and unhealthiness of these colonies.

Historiography, Theoretical and Conceptual Frameworks’

Colonial History of Medicine: Mediterranean Historiography

Colonial history of medicine has come a long way since the global vision of medical historians Fielding Garrison and Henry Sigerist in the 1930s. Over the course of the twentieth century historians of medicine, increasingly abandoned the grand narratives

⁵⁸ Gail R. Hook, ‘Britons in Cyprus, 1878-1914’, (PhD Thesis, University of Texas, 2009), p. 235, Hook explains in greater detail the rules and sanitary reform which the British authorities in Cyprus introduced to control the fevers and the provenance of the fevers.

⁵⁹ Scott-Stevenson, *Our Home*, pp. 284-85.

⁶⁰ Garnet Joseph Wolseley (1833-1913) was a Lieutenant-General and High Commissioner of Cyprus from 1878 until 1879.

of medical advancement and key physicians, and turned towards the study of the 'social' and 'cultural' which called for action during the 1970s. This shifted attention from the 'political' to the 'marginal and the unrepresented'.⁶¹ New diseases like AIDS challenged the unproblematic chronicle of how dreadful diseases were conquered by great doctors. These new works brought to light various historical actors, including local medical practitioners, missionaries and healers.⁶² Colonial medicine also expanded its geographic territories from those focused on the West to places like East Asia. This saw the rise of the history of colonial and postcolonial medicine which deals with how the colonial Government health campaigns aimed to control the colonised populations through institutionalisation, control of reproductivity and public health services. Furthermore, colonial historians like David Arnold, David Hardiman and Ranajit Guha, focused on the study of the subaltern in order to shift the focus from the history of the coloniser and the elite to studying the voiceless and the colonised.⁶³

Therefore, while this research situates itself in the colonial history of medicine, it also focuses the attention on the Mediterranean as a new geographical region which needs to be explored in a British colonial context. This is a familiar region with different, yet not exotic, cultures: not too dissimilar from those of

⁶¹ Roberta Bivins, 'Coming 'Home' to (post) Colonial Medicine: Treating Tropical Bodies in Post-War Britain', *Social History of Medicine Journal*, 26(2013), pp. 5, 18. Works such as: Roy Porter, *The History of Medicine: Past, Present and Future* (Uppsala, 1983), Roy Porter, *A Social History of Madness: Stories of the Insane* (London, 1987), Peter Burke, 'Theorists and Historians', in Peter Burke, *History and Social Theory* (Ithaca, 1992), Susan Reverby and David Rosner 'Beyond "the Great Doctors"', in Susan Reverby and David Rosner (eds), *Health Care in America: Essays in Social History* (Philadelphia, 1979), pp. 3-16, Susan Reverby and David Rosner, "Beyond the Great Doctors" Revisited', in Frank Huisman and John Harley Warner, *Locating Medical History – the Stories and Their Meanings* (Baltimore and London, 2004).

⁶² Bivins, 'Coming "Home" to (post) Colonial Medicine', pp. 5, 18.

⁶³ David Arnold, *Science, Technology and Medicine in Colonial India* (Cambridge, 2000), Ranajit Guha (ed.) *Subaltern Studies Vol. 1* (Oxford, 1982), David Arnold and David Hardiman. *Subaltern Studies VIII: Essays in Honour of Ranajit Guha*, (Oxford, 1994), David Hardiman, "'Subaltern Studies' at Crossroads", *Economic and Political Weekly* 21(1986), pp. 288-90.

European or Continental peoples. The history of medicine of this region is also not entirely unknown. A great number of the historiography is devoted to the western side (France and Italy) of the Mediterranean. Many of these works (and numerous others) are concerned with recounting the history of medicine or health in a specific national context.⁶⁴ Other historians recount the histories of medicine and health as they changed in the nineteenth-century East Mediterranean countries, Egypt or the Maghreb.⁶⁵ This research builds on three case studies with the aim of finding similarities and differences in the colonial approach to medical and health development of these islands. Through the selection of particular events in the history of these islands, this research aims at exploring clashes or continuities between the traditional methods and setups of health, and new methods imposed by the coloniser during British domination.

In the case of Malta, Cyprus and the Ionian Islands, there are already some comprehensive histories of medicine which address particular themes or events during the British rule. The first work on Malta was completed in 1964 by Paul Cassar in which he traced for the first time the history of health and medicine of the island. It remains a classic work for historians of medicine in Malta, albeit now rather old and critical of the British reforms in health in the island.⁶⁶ Following

⁶⁴ These include: David S. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle Against Filth and Germs* (Baltimore, 2006), Ann F. LaBerge, *Mission and Method: The Early Nineteenth-Century French Public Health Movement* (Cambridge, 1992), Frank M. Snowden, *The Conquest of Malaria: Italy, 1900-1912* (New Haven, 2006), Michael Donnelly, *Politics of Mental Health in Italy* (London, 1992), Mary Gibson, *Prostitution and the State in Italy 1860-1915* (Columbus, 1999), Colin Heywood, *Childhood in Nineteenth-Century France* (Cambridge and New York, 1988).

⁶⁵ Including: William Gallois, *The Administration of Sickness: Medicine and Ethics in Nineteenth-Century Algeria* (Basingstoke, 2005), Nancy Elizabeth Gallagher, *Egypt's Other Wars – Epidemics and the Politics of Public Health* (Syracuse and New York, 1990), LaVerne Kuhnke, *Lives at Risk – Public Health in Nineteenth-Century Egypt* (Berkeley and Los Angeles, 1990).

⁶⁶ Paul Cassar's work was published after eight years of research in 1964 – the same year that Malta got its independence from Britain.

Cassar's tome, other studies were published with the aim of readdressing the various complicated discourses surrounding particular health and medical services in the island. John Chircop's work on the health treatment of the elderly poor in the Ionian Islands and Malta, and on the poor relief in British Mediterranean colonies, showed the complicated nature of the relationship between colonised and coloniser in the context of social care and medical treatment.⁶⁷ The historiography of the history of medicine and health of the Ionian Islands and Cyprus under British rule is scanty. Few works discuss the changes in social health, or try to understand the British colonial response to providing medical care. Two theses in particular discuss the history of health in Cyprus and the Ionian Islands under British rule, although the main focus of these theses is not history of medicine.⁶⁸ Another crucial contribution to the understanding of the discourse between colonised and coloniser is Thomas Gallant's *Experiencing Dominion: Culture, Identity and Power in the British Mediterranean*. Gallant's work discusses the identity formation of the Mediterranean peoples with special reference to the Ionians.⁶⁹ This research is aimed at building on the historiography of the colonial history of medicine by connecting together the histories of these multiple case studies as part of the Mediterranean colonial

⁶⁷ John Chircop, 'Negotiating Provisions, Social Assistance and Health Treatment: the Elderly Poor in the Ionian Islands, 1800-1860s' in Martin Dinges (ed.), *Health and Health Care Between Self-Help, Intermediary Organizations and Formal Poor Relief, 1500-2005* (Cidehus, 2007), pp. 61-78, Chircop, 'Old Age Coping Strategies', pp.51-73, John Chircop 'Public Health and Poor-relief in the British-Mediterranean Colonial Context 1800-1860' in Laurinda Abreu (ed.), *European Health and Social Welfare Policies* (Blansco, 2004), pp. 297-20 and recently John Chircop, 'Management and Therapeutic Regimes in Two Lunatic Asylums in Corfu and Malta, 1837-1870', in Laurinda Abreu and Sally Sheard (eds), *Hospital Life: Theory and Practice from the Medieval to the Modern* (Oxford, 2013), pp. 179-209.

⁶⁸ Hook, 'The Britons in Cyprus 1878-1914', Paschalidi, 'Constructing Ionian Identities'. There are other studies written in Greek about cholera epidemics and other events in the history of medicine in the Ionian Islands, but no comprehensive study of medicine under British rule. Gerasimos E. Pentagalos, 'Σχολεία ιατρικής παιδείας στην Ελλάδα', Τόμος 128 του προσαρτήματος: *Επιστημονική επετηρίδα το Τμήματος Ιατρικής της Σχολής Επιστημών Υγιεινής*, (Thessaloniki, 1991) [Transl. Gerasimos E. Pentagalos, 'Medical education in Greek Schools', *Volume 128 of Appendix: Scientific Yearbook of the Department of Medical Schools Hygiene Sciences*, (Thessaloniki, 1991)].

⁶⁹ Gallant, *Experiencing Dominion*.

paradigm in the nineteenth century. The aim here is to present carefully selected examples that illuminate cooperation, mediation and conflicts between the British and the islanders in the Mediterranean colonies.

The West, Mediterraneanism and Orientalism

One of the aims of this research is to shift the dominant post-colonial views where only relations between Western and non-Western peoples are examined. While undertaking this study, it was necessary for me to rethink the concept of the 'West' and the geographies surrounding the construct of Europe and the West. In the post-colonial literature it is common to discuss the Western people and the non-Western, both gripped in a coloniser-colonised struggle for power.⁷⁰ What is the West and who are the Western people? Do we call them Westerners because few countries, which reputedly held all the power in a colonial context, happened to be geographically in the Western part of the World? What is Europe in this colonial context? These are big questions to address satisfactorily in such a small study like this. Yet, by merely asking these questions, we are forced to re-analyse traditional concepts or labels of national identities that Mediterranean countries have constructed over the centuries. Edward Said's work on the Orient creates a binary social relation between the Occident and the Orient, and which are mutually exclusive to each other. There can be no West without the East. Said argues that the West created the cultural concept of the East and this allowed Europeans to suppress the peoples in the Middle East, the Indian subcontinent and in Asia, from representing themselves as distinct peoples with distinct cultures.⁷¹ This presents a

⁷⁰ Robert J. C. Young, *Postcolonialism – a Very Short Introduction* (Oxford, 2003).

⁷¹ Edward Said, *Orientalism* (London and New York, 1995).

problem for historians of small regions like the Mediterranean. The us-and-them Orientalist paradigm reduced the non-Western world into one homogeneous culture called East, and created an opposing, equally homogeneous other, superior and progressive, called West.⁷² Thinking about the economic crises that Spain, Portugal, Italy and Greece are currently going through, one wonders whether the subaltern world has been historically much closer to Europe and to the West than previously thought. Within Europe, subalterns were indeed colonised, creating an obvious division between the north of Europe and the South of Europe. In this research, the Mediterranean and the colonised islands play an important role in the understanding of how the subalterns in this region related to a colonised reality in closer proximity to the north of Europe. This theoretical framework will be closely examined in Chapter 2 while investigating the place of the islands as health resorts in the Mediterranean, and the perceptions of Victorian health travellers on various Mediterranean spas.

It is no surprise, therefore that, although the Mediterranean region was part of this world-wide Empire, there were significant differences between the relations with the subalterns in Asia or Africa and those in the Mediterranean. The issue of ‘modernity’ in the Mediterranean explains why there were significant differences. Modern and progressive Britain dominated Mediterranean colonies with the pretext of a civilizing mission. But this rationalisation would soon be in conflict with a different image already conjured up in the mind of the modern European. The Mediterranean (the traditional seat of ancient civilisations) became the embodiment of backwardness for modern European countries in the nineteenth century. It was

⁷² A. Madhavan, ‘Review: Edward Said: The Exile as Interpreter’, *Culture and Imperialism Representations of the Intellectual: the Reith Lectures* 20(1993), pp. 183–86.

that part of the World on the boundary between the backward and uncontaminated on the one hand and the progressive part of Western Europe on the other hand. In this work the Mediterranean colonies disturbed this simplistic picture and frequently breached the boundary between modernity and backwardness.⁷³

One other focus of this research is the attitudes and perceptions of the north of Europe (or the West) towards the Mediterranean basin. Due to Fernand Braudel's ground-breaking work on the Mediterranean, a handful of scholars, mainly historians and anthropologists, are engaged in a historiographical discussion on the identity of the Mediterranean countries and their peoples.⁷⁴ Who constructed the idea of a holistic region and how shall we proceed with the writing of the history of this geographical region? One of the most difficult things to understand and to put in a historical timeline is the question of when the Mediterranean started to be referred to as one region with a unified culture, environment and habits.⁷⁵ Many works claim that this idea was propagated by northern powers during the nineteenth century, including Victorian English writers.⁷⁶ This claim in itself has been a contentious point for this research. Although the word 'Mediterranean' is certainly used in the British colonial discourse, it is mostly in reference to the Mediterranean Sea, the ports and the infamous Mediterranean fever. Furthermore in Chapter 2, this research clearly shows that British medical and public perceptions of the Mediterranean region were certainly not that of a homogenous region with the same

⁷³ Iain Chambers, *Mediterranean Crossings: the Politics of an Interrupted Modernity* (Durham and London, 2008), pp. 12-13.

⁷⁴ Fernand Braudel, *The Mediterranean and the Mediterranean World in the Age of Philip II* (Berkeley, 1996).

⁷⁵ Wojtech Jirat-Wasiutynski (ed), *Modern Art and the Idea of the Mediterranean* (Toronto and Buffalo, 2007), p. 5.

⁷⁶ These include: Blais and Deprest, 'The Mediterranean', p.33, Shavit, 'The Mediterranean World', pp. 96-116, Peregrine Horden, 'Mediterranean Excuses: Historical Writing on the Mediterranean since Braudel', *History and Anthropology*, 16 (2005), p. 26.

climate and the same environment. Both patients and their physicians chose the best countries or resorts for their particular ailments – with the South of France and Italian resorts being the most popular. It might very well be that the Mediterranean as a concept is ‘imaginatively constructed’.⁷⁷ Peregrine Horden claims that this nomenclature – not only for the Mediterranean Sea but for the surrounding countries – was coined by nineteenth-century geographers representing directly or indirectly the ambitions of the North European powers.⁷⁸ Behind all this lies the assumption of a delineated Mediterranean with defined geographical regions and with a common ‘personality’. This view is challenged in Chapter 2 which shows that at least in relation to the British, there might have been a significant difference in perception between the general public in England, literary writers, poets and imperial authorities despatched and stationed in the Mediterranean island colonies.

In recent historiography, Fernand Braudel’s work was instrumental in propagating the view of ecological unity, a view later challenged by Horden and Purcell, William V. Harris and Michael Herzfeld.⁷⁹ Furthermore, Herzfeld coins an old word with a relatively new meaning – ‘Mediterraneanism’. The word ‘Mediterraneanism’ is used both in its literal sense and (at the turn of the twentieth century) also to mean something deeper – something with explicit racial connotations. Mediterraneanism of circa 1900 pointed towards a new racial theory as created and discussed by Giuseppe Sergi in 1901 in his book *The Mediterranean Race*. This racial theory was quite popular as it was in direct opposition to the Nordic racial

⁷⁷ Chambers, *Mediterranean Crossings*, p.10.

⁷⁸ Horden, ‘Mediterranean Excuses’, pp. 26–27.

⁷⁹ Peregrine Horden and Nicholas Purcell, *The Corrupting Sea: A Study of Mediterranean History* (Oxford and Massachusetts, 2000), William V. Harris (ed), *Rethinking the Mediterranean* (Oxford and New York, 2005), Michael Herzfeld, ‘Practical Mediterraneanism: Excuses for Everything, From Epistemology to Eating’, in William V. Harris (ed), *Rethinking the Mediterranean* (Oxford and New York, 2005), pp. 45–63.

theory. This theory expounded that the first people did not come from the north but rather from the Eurafrian region and that the hot bed of civilisation was in the region now called the Mediterranean.⁸⁰ This prompted Robert N. Bradley to write the book *Malta and the Mediterranean Race* and he set on proving Sergi's racial theory by exploring the prehistoric origins of the Maltese people, their rather unique language and their folklore.⁸¹

In modern historiography, Herzfeld coined the new meaning to this word obviously inspired by Said's Orientalism⁸². But Herzfeld did more than that when he coined the word 'Mediterraneanism'. He set up a new analytical concept for this particular region redeploing the same Orientalism paradigm of the western powers dominating the Orient, in this case the Mediterranean region. After Herzfeld, the art historian Vojtěch Jirát-Wasiutyński took up the idea of Mediterraneanism and discussed it extensively in his work *Modern Art and the Idea of the Mediterranean*. One of the best parallels between Orientalism and Mediterraneanism is the profound ambiguity of the relations of the North European powers with the Mediterranean which is part of Europe, Asia and Africa. Moreover, the Mediterranean comes across as both ancestral and exotic, and part of the civilising mission was aimed at recovering the ancestral heritage for Europe. Furthermore, the concept of 'Mediterraneanism', like Orientalism, is another inflexible explanation of the relationship between colonisers and colonised. Thus the theoretical concept of 'Mediterraneanism', like Orientalism, has its limitations. This research, through the use of selective events in the history of medicine of the islands, will be focusing on

⁸⁰ Giuseppe Sergi, *The Mediterranean Race* (London, 1901).

⁸¹ Robert N. Bradley, *Malta and the Mediterranean* (London, 1912).

⁸² Said, *Orientalism*.

the subaltern's powers of agency, their control over negotiation and their ability to incorporate this colonial-subaltern relationship as part of their identity.

Power and the Subaltern

The paradigm of power needs to be analysed in the context of the history of medicine and the body of the subaltern. Originally, the intention of the subaltern studies was to revise the 'elitism' in the historiography of Indian nationalism. Whereas in the 1980s subaltern studies were confined to the history of colonial India, it soon transcended both geographical and disciplinary boundaries. The ideas of 'subalternity' began to be explored in the studies of Africa, China, Ireland, Latin America and Palestine and across other disciplines, including the history of medicine.⁸³ Following from Ranajit Guha's legacy, a new generation of historians in the 1970s embarked on finding an adequate response to the postcolonial history writings of India. Amongst these Gyanendra Pandey, David Hardiman, and David Arnold in England and others, like Brian Stoddart in Australia, strove to 'produce historical analyses in which the subaltern groups were viewed as the subjects of history'. This became the aim of the *Subaltern Studies* set up in 1982.⁸⁴

Michel Foucault's ideas about power moved away from the traditional analysis of power as a tool of coercion. He moved towards the idea that power was everywhere, embodied in discourse and knowledge. According to Foucault, power is embedded into accepted forms of knowledge, scientific understandings and ways of

⁸³ Vinayak Chaturvedi, *Mapping Subaltern Studies and the Postcolonial* (London and New York, 2012), pp. xiii – ix. The term 'subaltern' alludes to the work of the Italian Marxist Antonio Gramsci (1891-1937), referring to persons who for reasons of race, class, gender, ethnicity or sexual orientation, are marginalised and considered inferior in society. The Subaltern Studies Group was initiated in the 1980s by the scholarship of Eric Stokes and Ranajit Guha with the aim of reformulating the narratives of India and South Asia.

⁸⁴ Dipesh Chakrabarty, 'Subaltern Studies and Subordinate Historiography', *Nepantla: Views from South*, 1(2000), pp. 9-15.

disciplining society. One of Foucault's most popular ideas about power is institutional domination and power exercised by social services and administrative systems, which he particularly developed in his works *Birth of the Clinic* and *Punish and Discipline*.⁸⁵ Physical bodies become the embodiment of the social control of the wider population, through what Foucault called 'biopower' in his work *The History of Sexuality*.⁸⁶ Foucault, in concordance with Said, agrees that power and knowledge are inseparable constituents of the binary relationship with which the Westerners claim knowledge of the Orient. The power stemming from the cultural knowledge of the Orient, allowed Europeans to redefine and control Oriental peoples and places into imperial colonies.⁸⁷ Drawing on Foucault's works, David Arnold explained how the body was also the site of a 'multiplicity of metaphors and meanings'. The body as a site of contestation increasingly informed 'political thought and social action' for both the British and the Indians, widening the chasm between the two sides.⁸⁸ In a similar way to the Indian body in David Arnold's *Colonising the Body*, the Mediterranean islanders' bodies were bound to the same subjugation. Arnold's critical analysis incorporated the subaltern agency together with Foucault's paradigm of power. This remains a powerful examination of the colonised and still acts as the springboard for further research on the history of colonial medicine today.⁸⁹

⁸⁵ Michel Foucault, *The Birth of the Clinic*, (Oxford, 1989), Michel Foucault, *Discipline and Punish* (New York, 1995).

⁸⁶ Michel Foucault, *The History of Sexuality, Volume 1* (New York, 1990), Colin Jones and Roy Porter (eds.), *Reassessing Foucault: Power, Medicine and the Body* (Oxford, 1994). I will discuss Foucault's idea of power and the various feminist arguments in historiography when discussing prostitutes and the regulationism enforced against them after the enactment of the Contagious Diseases Acts in Malta and the Ionian Islands in Chapter 1.

⁸⁷ Joanne Sharp, *Geographies of Postcolonialism* (London and California, 2009), pp. 11-29.

⁸⁸ David Arnold, *Colonising the Body: State Medicine and Epidemic Disease in Nineteenth-century India* (Berkeley and Los Angeles, 1993), pp. 8-10.

⁸⁹ Warwick Anderson, 'Postcolonial Histories of Medicine', in Frank Huisman and John Harley Warner (eds) in *Locating Medical History – the Stories and Their Meanings* (Baltimore and London, 2004), p. 296.

However, drawing on Warwick Anderson's (*Colonial Pathologies*) and Mark Harrison's article 'Science and the British Empire', this research goes beyond Arnold's analysis of the power paradigm.⁹⁰ Harrison argues that despite the claims of Foucault that colonised populations were subject to physical and social control of the body and surveillance, there is in fact little evidence showing that these colonial states had the infrastructure necessary to exert such 'biopower'. Furthermore, science, including medicine, was rarely fully formed in the metropole and transplanted directly to the colonies. Scientific or medical methods were usually adapted and assimilated in a variety of ways depending on the situations prevalent in the different colonies.⁹¹ Harrison claims that many practitioners of Western medicine learnt from indigenous medical traditions and in many cases during the late nineteenth and beginning of the twentieth centuries, there was far more reciprocity and dialogue between Western medicine and traditional methods of healing in these colonies. One such example in this research can be found in Chapter 3 where the discovery of the *Brucellosis Melitensis* took place in Malta. The knowledge was then transferred to the metropole (using the means of scientific and academic writings) while at the same time the colony created its methods of prophylaxis and enforced rules to protect the garrisons and the indigenous population from the bacteria.

Furthermore, subalterns (or as Ryan Johnson and Amna Khalid prefer to call them, 'subordinates and intermediaries') cannot be categorised into one homogeneous group. There were internal variations and differences as discussed in Chapter 4 of this thesis. Different indigenous powerful groups were involved in the

⁹⁰ Mark Harrison, 'Science and the British Empire', *Isis: an International Review Devoted to the History of Science and its Cultural Influences*, 96 (2005), pp. 59-60, Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race and Hygiene in the Philippines* (Durham and London, 2006), p. 6.

⁹¹ Ibid.

decades-long sanitary reforms in Malta.⁹² The history of the drainage and water reforms in Malta reveals that unlike the traditional domination-resistance framework which characterise the relationship between coloniser and colonised or rulers and subalterns, in the Maltese society different subaltern groups exercised power on other less-powerful subordinates. The case study of Malta shows how subordinate power cannot be simply reduced to ideas of resistance between rulers and ruled. It shows how diverse and different subalterns were and how they exerted power over each other.

'Mediterranean Irish' and British Racism

As discussed above, during the nineteenth century and beginning of the twentieth century, the racial theory of 'Mediterraneanism' preoccupied theorists like Giuseppe Sergi and Robert N. Bradley. Mediterranean peoples were perceived and seen as different from northern Europeans and from Africans. Thomas Gallant in his book *Experiencing Dominion* tries to understand the power relations between the British colonialists and the colonised Ionians. In the beginning of his book he raises many interesting points most interestingly in chapter two of his book entitled 'European Aborigines and Mediterranean Irish: Identity, Cultural Stereotypes and Colonial Rule'. Here he argues that there were three reasons why the Ionians were stereotyped as 'Mediterranean Irish' by the British rulers. First there were superficial similarities between the Greeks and the Irish. The Ionians were seen as lazy, immoral and forever arguing politics. These traits might have 'Hibernianized' the Ionians in the British minds and a stereotyped identity based on Irish characteristics

⁹² Ryan Johnson and Amna Khalid, *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960* (New York and London, 2012), pp. 3-5.

was formed. Second, both the Irish and the Ionians were colonised by the British, they were white and both were Christian. Third, both the Irish and the Ionians were resistant to British rule, creating political upheaval throughout the British occupation or colonisation.⁹³

Whilst stereotyping of the Ionians was real and did sometimes transpire in travel journals, the analogies used by Gallant present some problems. First, using the term 'Mediterranean Irish' is anachronistic for nineteenth-century British dominated Mediterranean. As argued above, there is little evidence and hardly any mentioning of the word 'Mediterranean' by British imperialist to describe this region: whether official or unofficial or in historiography. Historian Henry Frendo explains how both the *Cambridge History of the British Empire* (between the World Wars) and the *New Oxford History of the British Empire* did not regard the Mediterranean colonies as Mediterranean. In the case of Malta, it was either classified under 'Middle East' or lumped together with Cyprus and Gibraltar in one category. To the Foreign Office, Malta remained categorised under 'Italy'. It was later in 1949 that the idea of a homogenous Mediterranean took over in historiography after the publication of Fernand Braudel's thesis.⁹⁴ Furthermore, whilst it is clear that Gallant's term 'Mediterranean Irish' is a relatively modern concept, the overarching term 'Mediterranean' is problematic as it seems to superimpose the 'Irishness' of the Ionians onto the rest of the countries and islands in the region: yet Gallant's analysis is solely confined to the Ionian Islands.

⁹³ Gallant, *Experiencing Dominion*, pp. 15-55.

⁹⁴ Frendo, *Europe and Empire*, p. 17.

Second, Gallant argues that both Irish and the Ionians were colonised by the British.⁹⁵ This has long been a contentious argument in Irish historiography. After the Acts of Union between Irish and British parliaments in 1800 a new political entity was created – United Kingdom of Great Britain and Ireland. Although Ireland was colonised, it was also annexed with Great Britain as a single kingdom: something that no colony ever was.⁹⁶ Yet the political situation, lack of representation and the social conditions were much worse than anywhere else in the United Kingdom. Ireland's internal situation was akin to that of Britain's other colonies. Another difference between Ireland and the Ionian Islands (or any other colony in the Mediterranean) was the heavy involvement (with a long historic past) of the British in Ireland. Following the settlement patterns of the Plantations of Ireland in the seventeenth century the Irish ruling classes were supplanted from power, land ownership was lost leaving many tenants to work for English landowners under difficult social and economic conditions. This led to Land War agitations against landowners, which ultimately granted the Irish tenants a series of 'Irish Land Acts'. The Irish Land Question was effectively solved in 1922 with the establishment of the Irish Free State. The British were never so deeply involved in the Ionian Islands, Cyprus or Malta over land use or internal administration, although they did institute reforms of the ancient land laws in the Ionian Islands and Cyprus.

Religion was also mentioned by Gallant as another point of comparison between the Irish and the Ionians and the way they were treated by the British. This analogy, I feel, might be more appropriate if applied to Malta rather than Cyprus or

⁹⁵ Although Gallant does explain briefly in the chapter notes that this has long been a debated issue. Gallant, *Experiencing Dominion*, Chapter 2 note 6 p. 216.

⁹⁶ Also see: Terence McDonough, *Was Ireland a Colony?: Economics, Politics and Culture in Nineteenth-Century Ireland*, (Dublin, 2005).

the Ionian Islands, as both Cyprus and the Ionian Islands were Orthodox Catholic (in Cyprus with a Muslim minority) rather than Roman Catholic. Yet there could not be a greater difference between the way the Catholic Irish and the Catholic Maltese were treated. In Malta, the Catholic Church was upheld and publicly respected by British forces and authorities. Any political question which did not meet the approval of the Archbishop and the Roman Catholic Curia was either ignored or shelved. Many reforms took place within the Catholic Church during the nineteenth century in Malta but none were violent. Catholic priests were allowed to be in the Council of Government and could be politically active. The Church's lands were largely protected together with the tithes and revenues these provided. There were only two politico-religious struggles in Malta: one in the 1930s and another one in the 1960s. Both struggles were between the Church and Maltese Prime ministers (Sir Gerald Strickland and Dominic Mintoff respectively)⁹⁷. British authorities in Malta understood that to upset the Catholic Church would risk losing the colony altogether. Proof of this was the two year blockade that the Maltese led against French rule from 1798 until 1800.

Gallant reinforces his analogy by quoting both Sir Charles Napier and David T. Ansted of using the Irish-Ionian comparison.⁹⁸ Undoubtedly the Ionians were compared to the Irish, especially their characters, mannerisms and shrewdness.

⁹⁷ Dominic ('Dom') Mintoff was the prime minister of Malta from 1955 to 1958, ruling Malta whilst it was still a British colony and again from 1971 to 1984 after Malta gained its independence in 1964. A highly controversial figure, Mintoff split the original Labour Party and created a new Malta Labour Party headed by him. The party's main electoral promise was to either gain integration with the UK or self-determination (i.e. independence). The promise of integration with the UK created a rift between Mintoff's party and the Roman Catholic Church as the latter was not ready to be fully integrated with a Protestant country. As a consequence the party lost the 1962 and 1966 elections to the Nationalist Party which led Malta through the final negotiations for independence from Britain in 1964.

⁹⁸ Gallant, *Experiencing Dominion*, p. 37. Sir Charles Napier (1782-1850) was a General of the British Empire and a British Army Commander-in-Chief in India. David T. Ansted (1814-1880) was an English geologist and author of several works on geology and the colonies.

However, these comparisons or perhaps racial slurs were not so frequent or numerous. In comparison, British press could hardly repress itself from using the same stereotypes of the Irish ‘paddy’ and objectifying the Irish in editorial cartoons throughout the Irish conflicts.⁹⁹ Moreover, concerns like mass migration from Ireland to big English towns like Liverpool, weighed heavily with the English, increasing the rhetoric on the Poor Law in England and the famines in Ireland. Most importantly however is the realisation that whilst the Ionian Islands, Cyprus and Malta were colonies or protectorates with particular economic and trading advantages, Ireland was a much bigger concern, closer to home with much more at stake than British possessions overseas.

Yet this did not mean that British authorities did not compare the Mediterranean colonies with the Irish. Throughout this work there are references to Royal Commissioners sent to these island colonies. Most of these commissioners were British intellectuals or politicians whose areas of expertise and background made them the de facto experts of education or outdoor relief in the Irish situation. This is discussed further in Chapter 3 when I analyse the characteristics and development of the civil charitable institutions in Malta. The major royal commissions sent to Malta were experts in the Irish problem and their reports in answer to the questions raised by the Commission were essentially a modification of the solutions sought in Ireland during the same period. Interestingly however, although the Colonial Office sought to send commissioners with background and experience in the Irish question, the local British authorities were not always partial to the commissioners’ advice. Some of the advice was never implemented whilst in other cases it was introduced at a much later date than proposed by the

⁹⁹ Michael de Nie, *The Eternal Paddy: Irish Identity and the British Press, 1798–1882* (London, 2004).

commissioners. As discussed in Chapter 3, the British rulers or authorities were not a homogeneous group, with the same ideas and policies. Policies in London did not always translate satisfactorily when applied to the Maltese case. Local authorities knew of local problems, and had enough jurisdiction to enable them to exercise their own judgement when the need arose. The similarity in religion and temperament of the Maltese might have induced British authorities in London to send experts in the Irish problem to solve Malta's problems but local conditions necessitated different courses of action.

Thus it seems that more than using the Irish experience to stereotype the Ionians or any of the other Mediterranean colonies/protectorates, the British used past experiences of the Irish character to understand the local islander. It was the need of categorisation together with understanding the culture that might have induced people like Charles Napier and David T. Ansted to compare the Ionians with the Irish. Yet, this does not seem to have been a frequent comparison during the nineteenth century: seldom found in journals or travelling books and never expressed in official documentation between the colonies and the metropole.

Islands' Connectivity, Isolation and Identities

In the pursuit of nissology (the contemporary study of islands), the sociologist Godfrey Baldacchino strives to study islands 'on their own terms', empowering the islanders to write, analyse and understand their own islands, removing the outside forces when engaging in the process of inquiry on aspects of the life of islands or islanders.¹⁰⁰ But historically, especially in literary works, islands were portrayed as

¹⁰⁰ Godfrey Baldacchino, 'Studying Islands: On whose terms? Some Epistemological and Methodological Challenges to the Pursuit of Island Studies', *Island Studies Journal*, 3 (2008), pp.37-38.

unusual exotic places with strange islanders living on them. Islands have frequently been part of fiction and literature. To name but few – Thomas More’s *Utopia*, Robinson Crusoe’s island, Peterkin in *The Coral Island* and William Golding’s *Lord of the Flies*. The plots and the literary discourse in these fictional works show how islanders were perceived as a threat.¹⁰¹ Similarly, Baldacchino argues that islands are often either ridiculed as having deficient administrative and Governmental structures or else romanticised as places of sun, sand and leisure.¹⁰² For Baldacchino and other scholars of nissology, their mission is to rethink previous works, concentrating on islands and islanders themselves rather than the latter being made ‘objects of the gaze’.¹⁰³ This is what this work aims to do – to give a voice to these islands so that the reader can understand their importance, not only within an imperial setup as pawns in the greater European or imperial game, but also for their own sake.

One of the reasons why it is so complicated to study islands or islanders is the existence of multiple identities. Within a hybrid Mediterranean, islands are at the same time highly connected and isolated. A look at Malta, Cyprus and the Ionian Islands reveals how complex and different each community was. In Malta, long historic affiliations with Sicily and Italy together with over two hundred years of Catholic and Christian rule, made the Maltese feel Catholic and very close to the Italian culture, if not the Italians themselves. But by the end of the nineteenth century, due to employment and general acceptance of British rule, many islanders also felt close affinity to the British Isles. These multiple identities soon came under scrutiny and the Maltese felt they had to choose between a long Italianate tradition of

¹⁰¹ Robert Michael Ballantyne, *The Coral Island* (London, 1884), Thomas More, *Utopia* (London, 1516), Daniel Defoe, *Robinson Crusoe* (London, 1719), William Goldings, *Lord of the Flies* (London, 1954).

¹⁰² Baldacchino, ‘Studying Islands’, p.39.

¹⁰³ Ibid.

language, religion, customs and culture and a relatively new Anglicisation process which brought with it a new language, an alien religion and better employment opportunities. Politically the conflict came to a head with the 'Language Question' (c. 1880 until c. 1930s) when the British wanted to enforce the English language in schools and in other official civic places whilst the traditional Italianate upper middle classes strove for the Italian language to remain in schools and in places like the civil law courts.

The same can be seen in the Ionian Islands which saw its peak in political conflict during the 1860s. The Ionians allegiance in terms of politics, religion and culture was with Greece. The British protectorate in the Ionian Islands never quite managed to break the strong tie between the two countries. Contrary to the Maltese, the Ionians did not accept or want Anglicisation and their opposition ended with the cessation of the Ionian Islands to Greece in 1865. In 1878 Cyprus also became a British protectorate. Due to past domination by the Venetians and then by the Ottoman Empire, Cyprus had a multi-ethnic population. A large minority of Turkish Cypriots lived in the same communities with the majority Greek Cypriots and a small minority of Latin Christians. Although they all called themselves Cypriots, there were close religious and cultural ties with both the Ottoman Empire and Greece. But like the other islanders they developed their own identities based on the perceived identities of their neighbours.

It seems therefore that the island case studies struggled to retain their unique island identities (even though these drew significantly on Italian, Greek and Turkish cultures). Jodie Matthews and Daniel Travers make an interesting point in their *Islands and Britishness* where they focus entirely on islands' identities as part of a global 'British Isles'. They describe how islanders can utilise Britishness as a commodity to

be used or discarded as they wish. They give the example of the visits of the British monarch. In places like Malta a visit by the King or Queen of England was (and still is) an occasion of much celebration. The only other head of state who receives such a great accolade on every visit in Malta is the Pope. This commodity might be sold to tourists or used for other commercial activities but, like a buffet, these societies pick and choose which parts of that Britishness they use. Matthews and Travers call it 'buffet Britishness'.¹⁰⁴ This is particularly interesting with regard to this work. In many instances we stumble upon inconsistencies in the politics of these islands. Some conciliatory and liberal concessions, granted to the Mediterranean colonies by the British authorities were often hailed with opposition and open hostility by the islanders. One such example was that of the repeal of the Contagious Diseases Acts, discussed in Chapter 1. This was met with opposition in the Maltese Council of Government. Despite the Crown Advocate's emphasis on the inhumanity of these Acts, the Council retained the right to appoint physicians to continue checking prostitutes for venereal diseases on a regular basis – and they did so until well into the twentieth century. On the face of it, this might seem as an authoritarian imposition by a Council of Government full of Catholic upper-middle-class men dictating the lives of less fortunate women. But this would not explain why in the parliamentary debates, elected members of the Council framed their arguments on this subject in medical terms and never introduced ideas of religion or morality. The anger and frustration with the repeal of the Contagious Diseases Acts arose from a conflict with historical traditions which made up part of the Maltese identity. The medical checks were in place much earlier than the mid-nineteenth century. Historians believe that they had been in place for centuries in Malta, imposed by the

¹⁰⁴ Matthews and Travers (eds), *Islands and Britishness*, pp. 8-9.

Knights of St. John to control diseases in these over-populated urban centres which also happened to be surrounding two big harbours.¹⁰⁵ The men in the Council truly believed that in this case they knew better and repealing the Acts would only encourage the propagation of contagious diseases. There were other notable cases, including the major row about the sanitary reform (as discussed in Chapter 4) which interfered with the constitutional development of the island for decades.

Earlier on, I commented on how Robert Holland explained that the Mediterranean Sea and the colonies therein were mostly important for the British as a basis from which to monitor European powers and contribute to the political arena. According to Holland, this was the most important *raison d'être* behind their dominion in the Mediterranean, rather than for commercial and economic reasons. This may well have been a determining factor for selecting particular areas of the Mediterranean to position the British fleet. But it still does not diminish the importance of keeping these islands, especially Malta, economically stable by using the harbours as a trading post for commercial ships and levying high dues on quarantine. In any case, both ideas show the connectivity of these islands with their neighbouring regions. Malta, Cyprus and the Ionian Islands were under British rule due to their strategic position in the Mediterranean which connected isolated populations with wider communities and continents. While at once isolated in the making of their own cultures and identities, the islands were also part of the geographical and political environs which in turn dictated their economic lives. This study, through the history of medicine and health, will give a glimpse of this complex

¹⁰⁵ Cassar, *Medical History*, Philip Howell, 'Prostitution and Racialised Sexuality; the Regulation of Prostitution in Britain and the British Empire Before the Contagious Diseases Acts', *Environment and Planning D: Society and Space*, 18 (2000), pp. 321-339, Peter Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge, 1999).

dichotomy and how these populations juggled and negotiated their way out and around multiple cultures and different ways of living in an ever-changing Mediterranean whilst negotiating and fighting for a constitutional representation and ultimately for political liberty.

Sources and Structure of Thesis

This work involved research in major archives in England, The National Archives, the British Library and the Wellcome Library, and, to a lesser extent, the smaller state archives and libraries of Malta, Corfu and Nicosia. Many of the recorded documents gathered were part of the official colonial discourse held in the colonial sections of London archives. More of this official colonial correspondence was located in the various small archives or libraries in the islands which comprise the case studies. The official colonial discourse was particularly helpful in the analysis of the colonies and imperial dynamics. The analysis of this discourse showed the cracks and fissures between local and London colonial authorities. It also typified the colonial social and political theories as expressed by policy makers in England. The official records not only show the policies as set in the imperial metropole, but also the replies and actions of British and ‘native’ colonial authorities. These sinuous relations become quite useful in this study when analysing the roles of particular local Governments in the islands. Chapter 4 examines how sanitary reform was introduced amidst local political turmoil. It also shows how local administrators dealt differently with this crisis than what was expected and advised by Royal Commissioners from London. The same can be seen in Chapter 3 where local colonial authorities continued to shoulder the entire expense of the charitable institutions (hospitals, asylums and out-

door relief) despite repeated pleas and orders from the Colonial Office to the contrary. Thus, although the dependency of the primary literature on colonial discourse can be construed as a lopsided bias, this is used to an advantage when analysing the relations between local and London colonial authorities.

Nonetheless, other varied sources were also consulted. Some of these sources were petitions sent to the British authorities in London by local politicians or the local elite and literate sections of society. This research also looks at English, Italian and Maltese language newspapers, including a search of certain key subjects within the Hansard Parliamentary Debates and the Malta Council of Government Debates. Although these primary sources do not necessarily give a voice to the general populace of the islands, they create a clearer picture of the demands, wants and beliefs of the islanders.

In this research the first two chapters seek to present a broad study of the British Mediterranean in a colonial context, with the last two chapters narrowing the focus on particular case studies which illustrate and complement the theoretical frameworks of all the chapters. The chapters are meant as an introductory contribution and not as a detailed and final analysis of the various themes discussed. Chapter 1 commences with a discussion of quarantine, leprosy and prostitution in these islands and how segregation and isolation were practised in the Mediterranean. The discussion focuses on the various ways in which the body was ruled and conquered in the Mediterranean colonial context. Goods and people were kept in isolation due to the quarantine, lepers towards the end of the nineteenth century suffered compulsory isolation and prostitutes were subjected to harsh and regular medical examination. Although these three themes are not usually studied together, the theoretical frameworks of isolation and segregation, makes them easier to analyse

together in the context of the colonised-coloniser paradigm. These are just few examples chosen for discussion in the first chapter: examples that show how these islanders were subjected to controls on their bodies and their ways of living. But these case studies and these examples do not only tell us a story of a show of power by the British authorities, they also tell a story of manipulation, complications to the set binarism of colonialists versus colonised and a story where the islanders take action. These assertive manipulations were not violent or noteworthy in the big constitutional development of these islands yet they are still significant to this study. Amongst other developments, this chapter looks at the interesting discussions surrounding the Contagious Diseases Acts. The Acts, as implemented in England, were inspired by the early modern period rules already in existence in Malta. This might have been the reason behind the adamant refusal of the Council of Government to repeal these Acts after their repeal in England and in many other countries within the Empire.

The second chapter continues to focus on the two major themes of this thesis: the Mediterranean as a homogeneous region and the perceptions of the Mediterranean by the British (both the general public and the colonial authorities). The example chosen in this chapter is that of health resorts and spas. On the one hand, the medical profession moulded their medical advice over the nineteenth century, in the course of advising thousands of people on their choice of the most beneficial spa or resort. On the other hand, the British colonies in the Mediterranean are regaled with the worst description of filth and unhealthy environments (comments such as that of High Commissioner Sir Garnet Wolseley, quoted at the beginning of this introduction). The medical literature extolled the beneficial effects

of these resorts. This contrasted directly with the colonial discourse of the health in these small islands.

Supposedly, according to scholars of Mediterranean studies, the British saw the Mediterranean as one homogeneous region. This chapter shows how for many Victorians, the Mediterranean was composed of different healthy and unhealthy regions. Invariably, the Mediterranean of the spas and resorts, in the eyes of the general public, geographically consisted of the South of Europe or rather the northern shores of the Mediterranean. As part of the British Empire, imperial authorities perceived the Mediterranean to be composed of the sea with the countries surrounding the basin. Therefore, this chapter will discuss the idea of 'Mediterraneanism' and 'Orientalism' as applied to the Mediterranean, questioning the idea of a holistic Mediterranean and the role that Victorian geographers and literary scholars played in propagating it during the nineteenth century.

The third chapter analyses the themes of medical charities and the Churches' involvement with health and medicine. For this study only Malta and Cyprus were chosen as case studies, simply because of the prolific archival sources found on both islands. The discussion starts by outlining the major tenets of charity and philanthropy in Catholicism, Greek Orthodoxy and Islam. These canons provided a good platform from which one could understand the local traditions in healing methods, the morals surrounding such works of charity and by whom these were carried out. As with the previous chapter, this work is divided into two parts. After an analysis of the religious beliefs and traditional healing methods of the local islanders, in the second part this chapter strives to understand how these traditional systems worked in a colonial setting. One major case study is that of Malta and its own Civil Government Charitable Institutions Department: medical charities fully

endorsed by the Government, paid for by the Government and administered by the Government under the rule of one Head of Department.

The fourth and final chapter adopts a slightly different approach. This time only the island of Malta is studied with reference to the ‘sanitary question’ or the sanitation reforms. The Maltese case is the only one where issues of health or medicine were inextricably intertwined with local and colonial politics. Through this chapter we get a glimpse of how local politics used any means possible to push for local political party and constitutional development. The latter was the bane of Maltese politicians. The elected members of the Council repeatedly asked to be granted more constitutional representation, but for a whole century their pleas went unheeded. In the context of major public health reforms taking place in England, this is a story of not-so-subtle nudging by the Maltese politicians to change the political situation. Financial issues around the drainage and water reforms were genuine concerns for the elected members but they were also used as convenient political wagons from which they could achieve their ultimate goals. This is also another instance (like the repeal of the Contagious Diseases Acts) where imperial liberal policies were not well received by the islanders and caused more trouble than the imperial authorities bargained for.

As can be seen above, from the brief plan of this work, this work does not only develop the case studies of the islands of Malta, Ionian Islands and Cyprus, but it narrows the analysis to particular examples, (such as sanitary reform and the Civil Charitable Institutions Department). This is of course necessary in order to physically limit this work but it is also important in order to focus on the relevant highlights of the islands’ health and medical development in the context of the nineteenth-century British Mediterranean. Moreover, these particular examples were

chosen with the aim of emphasising the geo-strategic importance of the islands and for best exemplifying the relations between coloniser and colonised.

1

Isolation and Containment: Quarantine, Prostitution and Leprosy

On 13 August 1858, the Governor of Malta Sir John Gaspard le Marchant informed the Maltese Secretary of State Sir Bulwer Lytton, Bart of the latest developments concerning the oriental plague which was rife in the Maghreb (Algeria, Tunisia and Morocco) and threatened to seep into the Maltese Islands and other countries in the West. Le Marchant's story characterises the struggles and setbacks encountered by medical officers, administrators, merchants and local inhabitants. Governor le Marchant informed the Secretary of State that on receiving word of the oriental plague in Bengasi (Benghazi, Libya), on the advice of the Board of Health of Malta, he ordered all vessels coming from Bengasi to be put in quarantine for fifteen days instead of the usual five days. Quarantine was later extended to the Regency of Tripoli following reports that the plague was rife in the region. Le Marchant understood that 'it would be impossible to follow the same course with regard to the plague, without creating the utmost dissatisfaction among all classes indiscriminately, and possibly endangering public tranquillity.'¹⁰⁶ Acquiescing to local requests, Le Marchant put vessels coming from Tripoli under quarantine. However he refrained from extending the quarantine to vessels coming from Egypt and the rest of the

¹⁰⁶ TNA London, Public Record Office, CO 158/185, Governor le Marchant to Sir Bulwer Lytton Bart, 13 August 1858.

Maghreb. On 29 July, the steamer *Pactolus* arrived in Malta carrying passengers from Tangiers. She remained moored for only a few hours in Malta after which she sailed to Alexandria. On 10 August, Le Marchant received information through the Consul General of Alexandria that the cook on board the *Pactolus* had died before entering the port of Alexandria and the physician on board declared that the cook died of the plague. Within a few days this death had been reported in all the Mediterranean harbours. As a consequence, the ports of Alexandria and Malta were put under quarantine for twenty-two days by the health authorities in Trieste, Italy. Other countries followed suit and a fifteen-day quarantine was imposed on Malta by Naples, Sardinia, Genoa, Constantinople, Greece, Corfu and Marseilles. Malta was in the extraordinary position of putting vessels arriving from the Maghreb under quarantine, whilst at the same time enduring a quarantine imposed on its harbours by other Mediterranean countries. In Malta, local commerce ground to a halt while Le Marchant (in his capacity as Lieutenant-Governor) conferred with the Vice Admiral Commander-in-Chief to ascertain whether quarantine would interfere with the interests of HM's fleet.¹⁰⁷

Although this is a common maritime quarantine story during the nineteenth century, in this particular case both the Board of Health and the Governor had little foresight as to the negative commercial impact plague appearing in the Maghreb or Egypt would have on the Maltese Islands. This is a story of political manoeuvres, commercial disruption and 'political frustration' which was also expressed in the International Sanitary Conferences in the latter half of the nineteenth century.¹⁰⁸ Furthermore, the lack of consensus amongst the medical profession over the means

¹⁰⁷ Ibid.

¹⁰⁸ I will discuss the International Sanitary Conferences in more detail later on in this chapter.

of transmission of contagious diseases left colonial authorities with no choice but to use the old method of forced segregation and isolation.

It is also important to highlight the commercial and naval impact that British imperial interests had on the islands' harbours. Malta, Cyprus and the Ionian Islands had extremely busy harbours and ports. In particular, the strategically-placed Maltese harbours played an important role in the island's historical past, as the country was conquered time and again by various European, North African and Asian powers. The Maltese were well aware of the strategic importance of their island and with this in mind they offered Malta to the British on the condition that Admiral Nelson helped rid the Maltese of their French oppressors. After 1814, the full potential of the island was understood by the imperial authorities and Malta became a 'first-class naval base', crucially serving the British and the Mediterranean Fleet's needs during the Crimean War, the First World War and finally in the Second World War. In between these major crises, Malta's harbours were transformed for the sole use of the British Fleet.¹⁰⁹ Vice-Admiral Ballard explains the importance of the Navy to the Maltese. In the aftermath of the First World War, the collective number of men employed in the Dockyard, the Victualling Yard and the Naval Hospital, drawing Admiralty wages was over 10,000. Given that the population of Malta in 1911 was 211,564, almost five per cent of the population were employed by the Admiralty. Ballard explains that in 1918 an average of £20,000 a week was spent by the Admiralty on the wages of workmen in Malta. Estimating that each workman had an

¹⁰⁹ George Alexander Ballard, 'The Development of Malta as a First-Class Naval Base since its Inclusion in the British Empire', *Royal United Services Institution Journal* 65(1920), p. 129. Vice-Admiral George Alexander Ballard was born in 1862 in Bombay, the son of General John Ballard and his wife, daughter of Robert Scott-Moncrieff. After a successful career in the naval command, he moved to Malta in September 1916 as the admiral superintendent of Malta Dockyard. He left Malta in June 1921 as a vice-admiral. During his retirement he wrote substantial historical works like *The Influence of the Sea on the Political History of Japan* (1921) and *Rulers of the Indian Ocean* (1927). N. A. M. Rodger, 'Ballard, George Alexander (1862–1948)', *Oxford Dictionary of National Biography*, (Oxford, 2004), available online <http://www.oxforddnb.com/view/article/50221>, (30 Aug 2014).

average of four dependents, about 50,000 of the general population (24%) were sustained by the direct employment in the naval dockyards.¹¹⁰ Many others worked around the harbours supplying rigging, sails, canvas to the naval ships while private shipyards had plenty of work from private Maltese merchants. Besides, as a result of being the headquarters of the Mediterranean Fleet, Malta supplied the Naval Establishment with their rations, food supply and local produce.¹¹¹ This sustained many other agrarian farmers living away from the harbours but still linked to the naval endeavours in the harbours. Thus, the Maltese harbours received a high volume of naval vessels, personnel and travellers, at times stretching services in the harbour towns to the limit, including quarantine services. With so many sailors in the harbours and on the island, prostitution and venereal disease became increasingly problematic health issues for the local and military authorities. Of course the need for quarantine, and the problems of prostitution and venereal diseases did not arrive with the British Navy. The Maltese already had isolation and segregation infrastructures in place to deal with the influx of vessels and people in the harbours brought by the Order of St. John's naval forces.

This chapter will focus primarily on the systems of isolation and segregation employed by the British colonial Government in the islands of Malta, Cyprus and the Ionian Islands. In order to illustrate my arguments, I will discuss the themes of isolation and segregation in the context of quarantine, prostitution and leprosy. This chapter will also focus on the demarcation of particular, labelled individuals and how these islands were used as a *cordon sanitaire* or a buffer zone between the 'healthy' West and the 'disease-ridden' East and South. Thus the importance of this chapter and its discussion of containment and isolation can be seen in relation to both the

¹¹⁰ Ballard, 'The Development of Malta', pp 138-9.

¹¹¹ Ibid.

imperial and the Mediterranean contexts. The themes of leprosy, maritime quarantine and prostitution are rarely studied together and, certainly, not in the context of the Mediterranean colonies.¹¹² This chapter will focus on the themes of isolation with particular attention to the geographical aspects of containment of diseases and the notion of the Mediterranean as a space with fluid boundaries. This work contributes to the larger historiography of the themes of isolation, containment, subaltern prostitutes and lepers but with a detailed focus on the subaltern-coloniser relationship in a colonial Mediterranean. As discussed in the Introduction of this work, this chapter will primarily focus on the first major thesis of this research: the geostrategic uniqueness of these islands in the Mediterranean and British imperial contexts.

The discussion of quarantine, prostitution and leprosy together in one study helps to link the processes of detention, separation of the private individual for the greater good and segregation of the contagious 'other'. In studying these different groups of people together many similarities amongst these emarginated groups emerge. Prostitutes, lepers and quarantined people were often categorised together and were all conceptualised in relation to similar political, economic and medical ideas. The themes of isolation and forceful segregation and institutionalisation apply to all three categories of the population. Prostitutes and lepers, especially, were constantly checked by authorities whilst common travellers could easily get stuck in a lazaretto or detained for days or weeks on end in a quarantine establishment. None of these categories of people took active decisions to be socially ostracised.

¹¹² Works like: Philippa Levine (ed), *Prostitution, Race and Politics: Policing Venereal Disease in British Empire* (New York and London, 2003), Kevin P. Siena, *Venereal Disease, Hospitals and the Urban Poor: London's 'Foul Wards', 1600-1800* (New York and Suffolk, 2004), Baldwin, *Contagion and the State in Europe*, Roy Edmond, *Leprosy and Empire: A Medical and Cultural History* (Cambridge and New York, 2006), John Booker, *Maritime Quarantine: the British Experience c.1650-1900* (Aldershot, 2007).

Although prostitutes might have had the opportunity of steering away from that path, circumstances, family background and poverty pushed many towards prostitution. However, the aim of this chapter is not simply to write the story of prostitution in the islands, but rather to understand the Government's process of prophylaxis to contain the propagation of venereal diseases amongst the troops and in the garrisons. In order to check venereal diseases, authorities monitored and physically examined prostitutes. As with venereal diseases, leprosy was a medical condition which manifested itself in horrible chronic physical mutilation. Again similarly to venereal disease, leprosy needed to be monitored and checked: more so in the case of leprosy because the aetiology of the disease was not yet understood for most of the nineteenth century. However, while prostitutes were constantly forced to undergo physical examination, the segregation of lepers was not official until the 1898 Leprosy Act. Of course, in countries like Cyprus, tradition rather than British imperial rule, seemed to triumph. Some communities reported lepers to the authorities while some lepers voluntarily went to the Leper Farm outside the city walls of Nicosia to spend their last days in the institution. By contrast, quarantined travellers were rarely diseased. Most spent their days or weeks in quarantine as a precaution or in order to obtain a good bill of health, without which they could not travel further.

The experiences of isolation differed, particularly the duration of time spent in isolation. Those isolated in quarantine establishments suffered segregation for only a few days or weeks. In contrast, the segregation of lepers, either through voluntary or forced segregations (especially after the 1898 Leprosy Act in the British Empire), was typically a life sentence. Moreover, for prostitutes and lepers the label

of the 'other' never lapsed.¹¹³ Many prostitutes were at one time or another committed to a Lock Hospital and later in life, when no longer able to work they were still thought of as the 'others'. Social and financial circumstances often pushed them to accept the help offered in a Magdalen Asylum or an Asylum for Penitent Women. Those forced to undergo quarantine, often in an isolated building, experienced quarantine in a different way. Some used it to mull over their experience, or to think and write about their lives whilst others found the isolation conducive to contemplating on their religious calling.¹¹⁴ Others fought against it and complained of boredom and disillusion even if they were confined for a few days or mostly a few weeks. Few people in quarantine voiced their frustration in writing like Lord Byron when he was in quarantine on Manoel Island in Malta.¹¹⁵ Many others suffered in silence and in boredom, scribbling their names or etching figures of ships on the soft stone walls of the quarantine quarters.¹¹⁶

One of the central issues around the dilemma of isolation and containment in the nineteenth century was the debate over contagion. Contagion theory was prevalent in the beginning of the nineteenth century. On the one hand contagionists believed that direct person-to-person contact spread invisible 'poisons' and the only way of safeguarding populations from horrible diseases like yellow fever and the plague was to enforce military quarantine and segregate those thought to be infected, from the rest. This segregation was normally enforced by military troops. On the other extreme were those who believed in the miasmatic theory: the anti-

¹¹³ In Cyprus, when the medical condition of the lepers became worse, lepers were accepted into the Leper Farm just outside Nicosia. It was essentially a farm where they could till the land and live partially off the produce. I will describe this particular leprosarium later on in the chapter.

¹¹⁴ Rev. Newman managed to write numerous letters and contemplate on his religious calling while in quarantine. Joseph Galea (ed), *Newman's Letters and Poems from Malta, 1832-33* (Santa Venera, 1945).

¹¹⁵ Lord Byron's poem 'Farewell to Malta' shows clearly his state of mind while in quarantine in these Islands: George Byron, *The Poetical Works of Lord Byron* (Philadelphia, 1839), p. 246.

¹¹⁶ Joseph Galea, *The Quarantine Service and the Lazaretto of Malta* (Valletta, 1967), p.27.

contagionists. They believed that vile and noxious airs arising from putrid and decayed matter, including filth, made the air insalubrious. These noxious airs, in the right atmospheric conditions, generated epidemic diseases. To the anti-contagionists the solution was not to segregate people and put them in quarantine but rather to clean the filth. In between these two extremes, were the 'contingent contagionists'. Influenced by both arguments, they claimed that an individual's contagiousness depended on factors ranging from climate to personal cleanliness. Also in between the contagionist and anti-contagionist ideas, was the zymotic theory of disease. The supporters of this theory claimed that the spread of disease did not happen because of filth but rather by airborne poisons released from the body via exhalation and through the skin¹¹⁷. Whilst the opinion of the medical profession was divided over the means of transmission of epidemic diseases, colonial authorities in ports all over Europe battled epidemic diseases with old tried-and-tested methods. In the first half of the nineteenth century, these methods consisted mainly of segregation and maritime quarantine. Amongst Mediterranean boards of health, contagion theory was very important and maritime quarantine was high on the agenda of most port authorities. Similar methods of segregation and containment were also employed against marginalised individuals like lepers and prostitutes. Prostitutes were regularly checked for venereal diseases while lepers were in many countries shunned and isolated from their own communities.

The distance between the Mediterranean islands from the nearest mainland facilitated the use of the Mediterranean Sea as a *cordon sanitaire* by the British: distancing the endemically contagious East and South of the Mediterranean from the north and West of Europe. As discussed in the Introduction of the thesis, this

¹¹⁷ Nancy Krieger, *Epidemiology and the People's Health: Theory and Context* (Oxford, 2011), pp. 68-69.

theme is tied with the geo strategic importance of the islands in the Mediterranean and British contexts. By using these islands as a *cordon sanitaire*, British authorities transformed these islands into a barrier between West and Orient. In terms of quarantine, these islands were neither part of the West nor part of the Orient. The role allocated to them by British authorities in containing contagious diseases arriving from India and Egypt, was that of a 'front' against contagious diseases. Throughout the nineteenth century the quarantine services improved significantly and this gave the islands the status of proficient quarantine stations (especially in the eyes of the Continental quarantine Boards of Health). This carved a new image for the islands which situated them as part of the on-going struggle of the West against cholera, yellow fever and plague. However, they were still on the front of such a struggle, with much greater chances of being hit by contagious diseases.

The study of coercive segregation and isolation brings to mind the structures of power employed by colonisers in these colonies, in relation to those incarcerated in quarantine, prostitutes undergoing medical inspections and lepers segregated for life. However, this was not simply power instituted by the administrative systems of a medical institution in a bid to control physical bodies, as Foucault's ideas of 'biopower' suggests. Although on the one hand, the body of the prostitute and that of the leper were the sites of a 'multiplicity of metaphors and meanings' as David Arnold explains in the Indian context, on the other hand islanders in the Mediterranean colonies used methods of bargaining aimed at challenging established rules or constraints imposed by the British rulers.¹¹⁸ The best examples of islanders using this type of power in this chapter can be found in the refusal of the prostitutes in Malta and in the Ionian Islands to submit to medical examination, unless

¹¹⁸ Arnold, *Colonising the Body*, pp. 8-10

prescribed by law.¹¹⁹ This chapter will discuss the probable reasons behind the reactions of the subalterns within this power game, especially feminist discussions of power on the female body.

Historiographically, this study cannot be situated as part of the studies on quarantine in Australia and America. Maritime quarantine in the Mediterranean ports was not aimed at containing immigration.¹²⁰ Thus it would be misguided to directly associate Mediterranean quarantine with racial segregation. However, although the maritime Mediterranean quarantine regulations were not based on racial segregation, they still acted as a legal way of stopping complete interaction between countries in the East Mediterranean and North Africa. Vessels entering those harbours for commercial reasons were subjected to quarantine, especially when cholera or plague was prevalent in these areas. Although the West still needed to use these ports for commercial and political reasons, complete interaction with these countries proved difficult.

Engaging with so many different themes in this chapter is not an easy task, partly because quarantine accounts for the largest part of my archival material and partly because I do not wish to be engulfed in the myriads of Governmental legislation particular to each country. I will discuss quarantine, leprosy and prostitution in the Mediterranean with particular attention to these three groups of islands while under British rule. This presents some difficulties with respect to the timeframe of this study. While Malta and the Ionian Islands became protectorates in

¹¹⁹ In Chapter 3 I will also discuss another example when patients or ‘inmates’ in the hospitals and asylums of Malta bargained for better conditions, sent petitions to Governmental authorities pleading for outdoor relief or admittance into a particular asylum, and bargained their terms of entry to the Poor House. For more on this particular issue see Chircop, ‘Old Age Coping Strategies’, pp. 51-73.

¹²⁰ Works like, Howard Merkel, *Quarantine!: East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore, 1997), Alison Bashford, *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (New York, 2007).

1800, Cyprus fell into British hands in 1878 and while Malta was declared independent in 1964, the Ionian Islands were ceded back to Greece in 1864. Despite this problem I will delve into each island's history of quarantine, prostitution and leprosy to colour my overarching arguments of these themes in relation to the political and economic ideologies of the Western powers, the commercial interests of the British Empire and lastly, the fears, experiences and prejudices of the inhabitants.

In this chapter most of the sources concerning the management of quarantine were derived from official colonial reports, despatches and letters. This is particularly advantageous because these documents reveal the type of rule and the extent of Governmental control that British authorities exercised on the islands' maritime quarantine. Later on this chapter will discuss the show of power displayed by locally-elected members in the Council of Government, by using local parliamentary debates. These debates, although classed as part of the Governmental official discourse, help to better frame local resistance to Government suggestions, even those that were seen as being quite liberal by colonial authorities based in London. This chapter will also discuss colonial subjectivities. The colonial subject, rather than being a passive tool of the colonisers' reforms and changes, was active and participant in shaping their own countries' administrative structures. It is very difficult to find sources portraying the feelings and thoughts of those subjected to segregation, isolation and compulsory inspections. Nonetheless, this chapter includes some of the primary sources used to discuss colonial subjectivities. These can mainly be found in the British Government official letters, despatches and the local newspapers. Other important sources were taken from the petitions sent by the general populace to the Governor in Malta during the nineteenth century.

The Quarantine System and Local Infrastructure

The reliance of the British Empire on maritime routes for the conveyance of goods meant that quarantine became increasingly important. By the nineteenth century, Britain could ill afford to dispense with the Mediterranean quarantine as it would have meant loss of trade and lack of confidence in British ports around Europe, if not the whole world.¹²¹ Quarantine in the Mediterranean had existed for centuries before the establishment of British colonies in the nineteenth century. Britain found quarantine impossible to manage. Italy and France claimed to manage quarantine better than the other countries and they were prepared to inflict punitive quarantine on British ships if London was seen as neglectful of its Mediterranean quarantine stations. Quarantine in the Mediterranean could have easily offset the power that the British fleet and the imperial authorities enjoyed. With this type of quarantine, British authorities based in these colonies had to find a fine balance between reducing loss of time for the British fleet (including commercial vessels) coming from the East, and demonstrating to the Italian and French boards of health that British colonial ports were capable of maintaining a reputable and strict quarantine system.¹²² Without a good reputation, commerce through these Mediterranean ports was nigh on impossible. Therefore, Mediterranean quarantine can be said to have been a double-edged sword for Imperial Britain. On the one hand, quarantine was meant to safeguard the local populations and the garrisons from plague, cholera and yellow fever. On the other hand, if a country suffered from a weak quarantine (or had none at all), no commercial vessels entered its harbours because of the fear of being kept in quarantine in the other European harbours. The islands under study

¹²¹ Krista Maglen, 'The First Line of Defense'; British Quarantine and the Port Sanitary Authorities in the Nineteenth Century', *The Society for the Social History of Medicine Bulletin*, 3 (2002), pp. 415-17.

¹²² Booker, *Maritime Quarantine*, p.xv

here together with the island of Minorca were in a unique position. They were continuously exposed to the most feared diseases from the Levant and exposed to the critical gaze of the powerful sanitary establishments of Italy and France. Therefore, quarantine was imposed in the ports of Malta, Cyprus and the Ionian Islands, partly because it was necessary to create a positive reputation for local and global trade and partly to safeguard the health of a strong troop and mercantile presence on the islands.¹²³

Three important steps of maritime quarantine were the bills of health issued to ships on departure from the port, the period of detention of the ship, its passengers and cargo and the facilities used for detention (usually lazarettos and other warehouses set aside for the purpose). The issuance of the bill of health to ships was intended for the prevention of exportation of any contagious illness. This worked as an 'international intelligence network', where various different ports recognised a 'foul', 'unclean' or 'healthy' bill of health. Most countries around the Mediterranean had one or more chief ports in constant communication with each other. Each had a sanitary authority controlling the various rules and regulations meant to contain contagious illnesses and keep them as far away as possible from their shores. These authorities could be found in Marseilles and Toulon in France, Trieste in Austria, Odessa in Russia and the other major Italian towns like Naples, Venetia and Genoa. The Venetian system of quarantine and regulation became a model for other sea powers and ports in the Mediterranean whilst health authorities like that of Marseilles worked closely with the French Academy of Medicine and frequently consulted the Academy for its medical advice.¹²⁴

¹²³ Ibid., p. xiii

¹²⁴ Kuhnke, *Lives at Risk*, pp. 92-3.

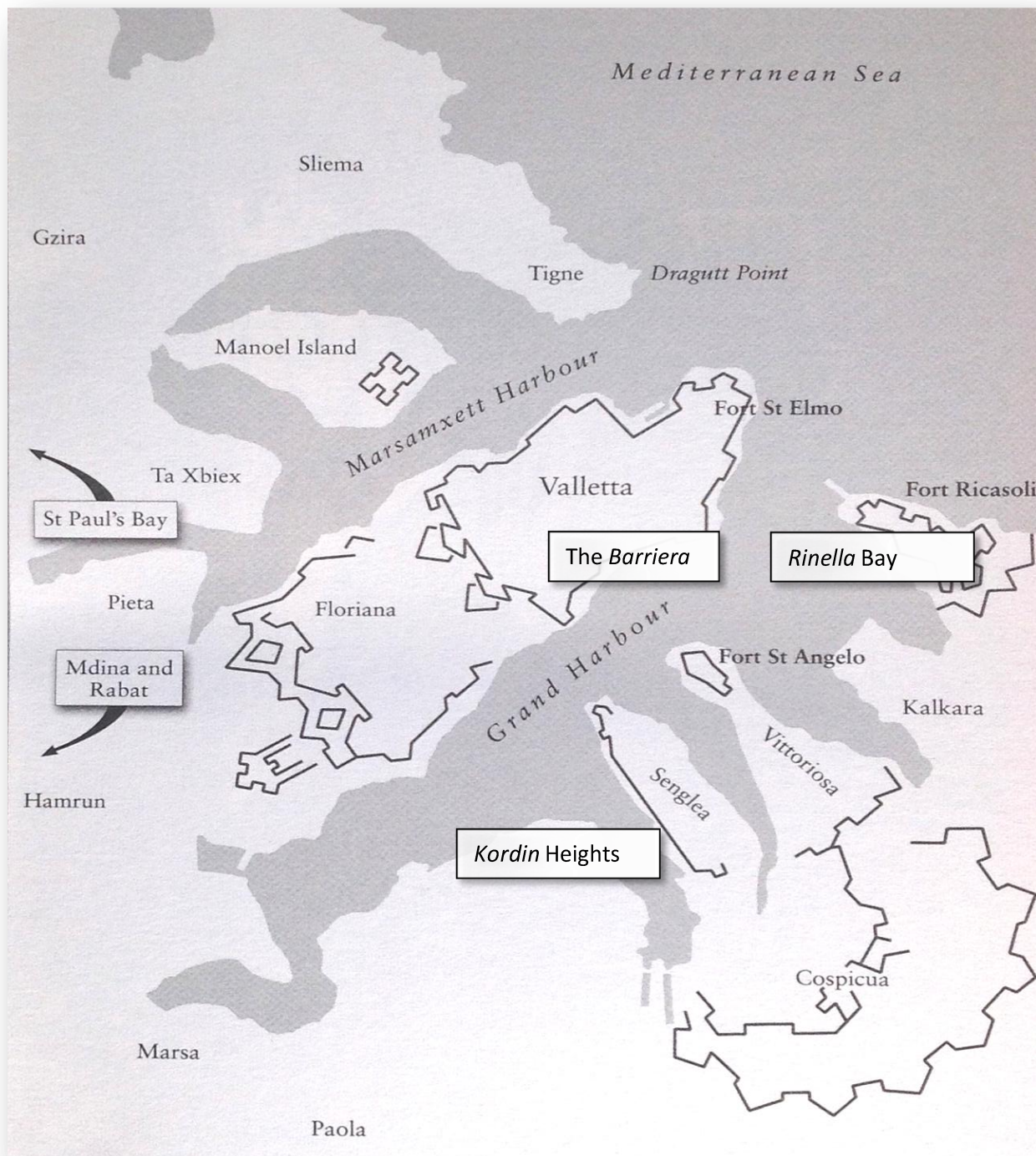
Map 2.1 below shows the locations of quarantine in Malta. The first lazaretto in Malta during the rule of the Order of St. John was situated in Rinella Bay. Later on it was transferred to the foreshore beneath Corradino Heights. Both sites were chosen for their isolated position away from big towns and populated areas.¹²⁵ During the British occupation in the nineteenth century, most vessels arrived at *Il Barriera* first (literally a barrier). This accommodation was built by Grand Master Ramon Perellos y Roccafull in 1710 along the shores of the new capital city of Valletta. It consisted of a large hall which was described as ‘a dark and grim room like a cellar’ in which the Sanitary Commissioners held audience.¹²⁶ The room was divided by a frame of spaced bars which prevented contact between the Commission and the crews or passengers who had just arrived. Papers were transferred from one side to another by means of long fire-tongs and then fumigated before being read by the Commission. Contact was never made between the fumigator and the quarantined passengers.¹²⁷ Along the same wharf, warehouses and a row of stores called *Depositi della Consegna* or *Magazini della Barriera* (literally *Barriera* warehouses) were also built. These were meant for the temporary storage of goods. In front of the *Barriera* Hall, a system of bollards in rows kept the healthy population from coming in contact with travellers and crews.¹²⁸

¹²⁵ Pietru Pawl Castagna, *Lis Storia ta Malta bil Gzejer Tabha (it-Tieni Darba) 1888* (Malta, 1985), p.163.

¹²⁶ Paul Cassar, ‘Plague and Quarantine in the Mediterranean’, in Joseph Schiro and Sven Sorensen (eds), *Malta 1796-1797 Thorvaldsen’s Visit* (Valletta, 1966), p.83.

¹²⁷ Ibid.

¹²⁸ Galea, *The Quarantine Service*, p.186.



Map 1. 1 Map of the Grand Harbour and Marsamuscetto Harbour showing Lazaret Isle, Kordin Heights, Rinella Bay and the Barriera.
Holland, *Blue-Water Empire*, map 3 Valletta and Floriana

Quarantine in the Ionian Islands was also established long before the occupation by the British forces. The Venetian authorities regulated quarantine and established other local hospitals and charitable institutions.¹²⁹ According to John Hennen 'reformation was most loudly called for' and 'corruption of those who regulated' was rife, however, with the arrival of Thomas Maitland (ruling in Malta and Ionian Islands from 1813 until 1824) both Malta and the Ionian Islands saw radical changes in their quarantine provisions.¹³⁰ New lazarettos were built on Cephalonia, Ithaca and Cerigo.¹³¹ Zante's quarantine station was not officially recognised by the Board of Health at Marseilles until 1725 and it was only in 1802 that Marseilles officially recognised the *bureau de santé* of Corfu.¹³² John Hennen praised the work of Thomas Maitland, stating that these stations were the 'highest state of perfection'.¹³³ The quarantine station in Cyprus was fully functional Government and utilised for the commissariat, ordnance and other stores. The quarantine system was discontinued. According to the High Commissioner of Cyprus Robert Biddulph, the need to re-establish this station came in 1879 when an outbreak of plague in the neighbouring eastern countries was suddenly announced. At the time, a temporary quarantine station was put up in Pyla, (few miles from Larnaka) and captains of respective ports acted as health officers with the Chief Government Medical Officer, Dr Heidenstam in charge.¹³⁴ This station ceased to

¹²⁹ Paschalidi, 'Constructing Ionian Identities', p.66. Refer to Map 2.2

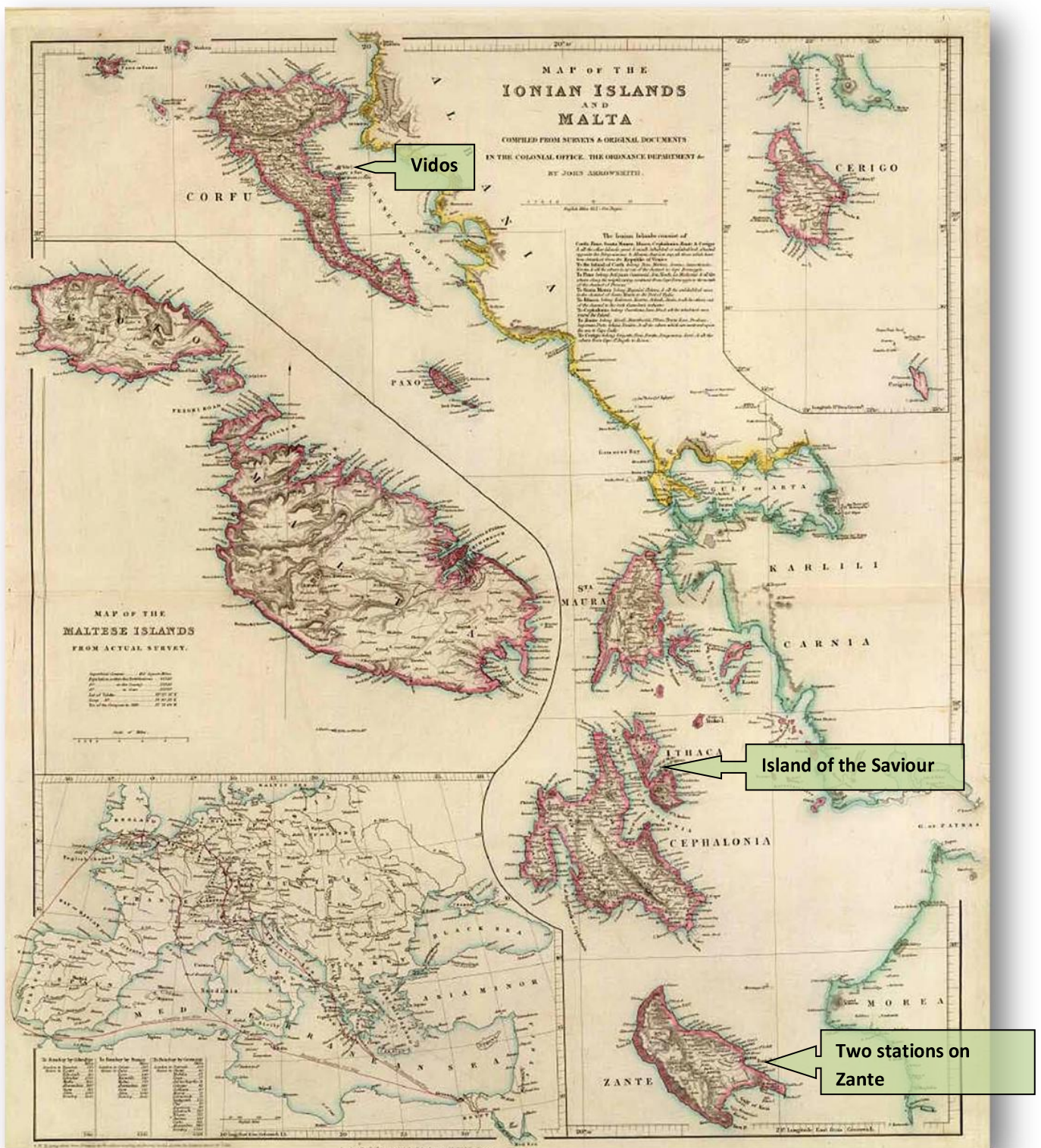
¹³⁰ Hennen, *Sketches of the Medical Topography*, pp.2-1-2.

¹³¹ Refer to Map 2.2.

¹³² Booker, *Maritime Quarantine*, pp.405, 410.

¹³³ Ibid.

¹³⁴ As explained in Map 2.3.



Map 1. 2. Map of the Ionian Islands and Malta compiled from surveys and original documents in the Colonial Department showing various quarantine stations in the Ionian Islands. John Arrowsmith, *The London Atlas of Universal Geography, Exhibiting the Physical & Political Divisions of the Various Countries of the World, Constructed from Original Materials*, (London, 1844), map 52.

operate as soon as the threat was removed, rendering it as just a short-term preventative measure.

However, in 1881 fresh fears of another plague in Baghdad and Egypt prompted the authorities to enforce quarantine in Cyprus or else suffer strict quarantine from neighbouring countries like Turkey. A portion of the old Larnaka quarantine station was cleared and a number of tents were put up for the reception of passengers, luggage and merchandise. A strict quarantine of three days was imposed on all vessels arriving from Syria. Again, Dr Heidenstam was appointed as Chief Superintendent of Quarantine and the other medical officers as health officers of the station. The small portion of the Larnaka quarantine station which had been cleared was soon found to be too restricted for the accommodation of all passengers and merchandise. More space was then allocated to the quarantine establishment and the whole area was put at the service of the Medical Department of Cyprus. Once reorganised, this station could accommodate separately, first, second and third class passengers, warehouses for goods, exercising ground, offices and a large yard with stalls for the cattle in quarantine.¹³⁵

¹³⁵ TNA London, Public Record Office, CO 883/2/16, 'Second Annual Report of the Sanitary Commissioner with the Government of Cyprus for the year 1881 with appendices', Sir Robert Biddulph to Earl of Derby, 26 March 1883.

Prostitution, Venereal Diseases and Local Infrastructures

In Malta the documentation of treatment for venereal diseases, in particular syphilis, goes as far back as 1544 when two females were registered into Santo Spirito Hospital (the general hospital at the time) for the treatment of syphilis. More detailed documentation of cases of venereal diseases can be found in the Knights of the Order of St. John's archives in the National Library of Valletta. With the arrival of the Knights in Malta, the number of prostitutes increased in the harbours and by the late sixteenth century venereal diseases were rampant in the islands. A *Casetta delle Donne* (literally House for Women), also known locally as *falanga*, was set up for the reception of female patients, c.1642. Decades later, and until 1798, patients were transferred to a ward in the *Sacra Infermeria* (the principal hospital for men built by the Knights of St. John in Valletta). In 1787 this ward was accepting as many as 356 women. With the advent of the French occupation, these patients were moved by the French to the Anglo-Bavarian Auberge, but it ceased to be a venereal hospital when the British occupied the islands in 1800. For many years afterwards there was no institution available for the treatment of patients with venereal disease. Medical inspections of prostitutes started under the Order's rule and by the nineteenth century 160 women were being inspected every month in Strada Tramontana (North Street) in Valletta by police physicians. These inspections were then moved to the *Casetta* hospital due to reports of 'indecentcies' in front of the building.¹³⁶

Similar procedures were in place in the Ionian Islands. In 1830 John Hennen explained that the Corfiot 'prostitutes are under strict regulations, [and] are examined

¹³⁶ Charles Savona Ventura, *History of Gynaecology in Malta* (Malta, 2010), pp. 15-22.

at stated times by a medical man'. He also gave a thorough description of the building and commissioning of the new Lock Hospital in Corfu. In Malta, it took until the promulgation of the 1861 Ordinance for a new Lock Ward to be built (or cleared) for the use of prostitutes and patients suffering from venereal diseases. In Corfu, proposals for a new hospital were put forward in 1817 and a hospital was established in 1818. The Hospital for Prostitutes was founded in Pont Neuf in the old part of the town and by 1822 admitted as many as 292 women suffering from venereal diseases. The hospital building was provided by the Government and could accommodate twenty-five patients. The bedding and medicines were sourced from the British stores and a British medical officer was in charge of the patients' treatment.¹³⁷

This is quite remarkable, because in general local British authorities were reluctant to build new hospitals or open new wards in the colonies. Although a handful of hospitals were built in these islands during the two centuries of British control, local British authorities preferred to administer buildings which were donated to the Government as charitable institutions. However, as historian Philippa Levine explains, building and financing Lock Hospitals in the colonies was always considered to be a necessary evil – contrary to the financing of Lock Hospitals in England. Levine argues that public health in the colonies was primarily aimed at preventing and protecting the garrisons and the serving men— more so than in England.¹³⁸ Hennen then went on to describe the medical inspection of registered prostitutes and explained how prostitutes refused to go regularly or at all for their

¹³⁷ Hennen, *Sketches of the Medical Topography*, pp.200-01.

¹³⁸ Philippa Levine, 'Public Health, Venereal Disease and Colonial Medicine in the Later Nineteenth Century', in Roger Davidson and Lesley Hall (eds), *Sex, Sin and Suffering: Venereal Disease and European Society since 1870* (London and New York, 2001), pp.165-66.

fortnightly inspection.¹³⁹ By refusing to abide by the regulations, prostitutes were pushing the boundaries and gaining more power despite being an oppressed and socially excluded group. This was not unique to Corfiot prostitutes. Historian Sarah Hodges explains how in the Madras lock hospitals, prostitutes ‘interrupted and reconfigured the system’s functioning’. Women incorporated lock hospitals into their lives and used them as part of their strategy for survival. To an extent, they used them as grim ‘asylums of relief’.¹⁴⁰ The refusal of the prostitutes to undergo fortnightly inspections, further proves how difficult it is to see these subalterns (the ‘others’) as totally dominated by an imperial hegemony. Foucault’s analysis of the treatment of power and resistance in his *History of Sexuality* (vol.1) shows how power is not exclusively located in the state tools and in prohibition. He urges us to look at the existence of multiple power relations and especially to understand the role of power in women’s lives.¹⁴¹ Many feminist scholars like Jana Sawicki argue that Foucault’s account of power complements feminist efforts to look for power outside the realms of state, laws and in this case coloniser-colonised dichotomy.¹⁴²

A similar system of medical inspections and isolation in the Lock Hospital was also practised in Cyprus. Nonetheless, statistics show that the incidence of venereal disease cases were higher than in Malta and the Ionian Islands. The Cypriot district dispensaries reported a total of 338 cases of syphilis and 320 cases of gonorrhoea in 1881. This meant that 1.82 per 1000 of the population suffered from

¹³⁹ Hennen, *Sketches of the Medical Topography*, pp.200-01.

¹⁴⁰ Sarah Hodges, ‘Looting’ the Lock Hospital in Colonial Madras during the Famine Years of the 1870s’, *Social History of Medicine*, 18 (2005), pp.382-83.

¹⁴¹ Monica Deveaux, ‘Feminism and Empowerment: a Critical Reading of Foucault’, *Feminist Studies* 20(1994), pp. 223-47.

¹⁴² Jana Sawicki, ‘Identity Politics and Sexual Freedom’, in Jana Sawicki (ed.) *Feminism and Foucault* (New York and London, 1991), pp. 33-49, Jana Sawicki, ‘Foucault and Feminism: Toward a Politics of Difference’, *Hypatia* 1 (1986), pp. 32, 26, Susan Hekman, *Gender and Knowledge: Elements of a Postmodern Feminism* (Boston, 1990).

syphilis while 1.72 per 1000 had contracted gonorrhoea in 1881.¹⁴³ The Sanitary Commissioner, Dr Barry noted that owing to shame on the part of the people suffering from such diseases, few attended the Government dispensary.¹⁴⁴ In the Lock Hospital, Barry noted that in 1881 only Arab prostitutes took advantage of the institution's medical attendance and medicines. Fifty-four prostitutes presented themselves regularly to the medical office for medical inspections. Of these fifty-four, eight were natives of Constantinople, seven of Beyrouth, one from Salonica, one from Alexandria, thirteen from Limassol and four from Nikosia. During the whole year fourteen were treated for gonorrhoea, eleven for primary syphilis (first stages of the disease), two prostitutes for secondary syphilis (advanced stages of the disease) and seven for 'condylomata lata' (cutaneous condition characterised by wart-like lesions on the genitals).¹⁴⁵ In 1880 the Chief Medical Officer of Cyprus recommended that brothels should be licensed and required to pay fees towards supporting the establishment and running of a Lock Hospital. In reply the High Commissioner agreed that two Lock Hospital needed to be established, one in Limassol and another one in Larnaca. He also agreed with the licensing of the eleven

¹⁴³ These statistics are according to the population figures in *Cyprus: Report by Her Majesty's High Commissioner for the years 1889-90 and 1890-91* (Cyprus, 1892), National Archives London, Blue Books of Statistics 1890-91, CO456/12.

¹⁴⁴ Dr Frederick William Barry was born in Scarborough, studied as a medical physician in Edinburgh University in 1877. He was nominated Edinburgh University Medallist in Practical Physiology and Histology in 1871-72. From 1878-79 Barry held the post of Medical Officer of Health for the sanitary districts in Yorkshire. In 1880 he was called to Cyprus for two years as Chief Superintendent of Quarantine and Sanitary Commissioners. He was responsible for writing reports on the sanitary condition of Cyprus and preparing the census of 1881. He was then appointed as a Medical Inspector in the Medical Department of the Local Government Board in Yorkshire. After suffering a head injury while working in Yorkshire, he died suddenly a year later from the same injury on 13 October 1897. 'Frederick W. Barry - Obituary', *British Medical Journal* (2, 1897), p. 1172.

Sanitary Commissioners in the colonies were sent to oversee the health of the population. In many cases mortality and morbidity rates were recorded and reported in annual reports. These posts were chiefly advisory in nature but they indicated the increased responsibility for the colonies' health for imperial authorities and the changing perceptions of health by the colonial Government. Mark Harrison, 'Public Health and Medicine in British India: An Assessment of the British Contribution', *Bulletin of the Liverpool Medical History Society*, 10(1998), p. 39.

¹⁴⁵ TNA London, Public Record Office, CO 883/2, *Mediterranean No. 16, Second Annual Report of the Sanitary Commissioner with the Government of Cyprus for the year 1881*, April 1883.

brothels existing in the area and that they should also be made to pay a contribution towards the management of the Lock Hospitals.¹⁴⁶ In 1881 Dr Barry was considering a sanitary bill based on the English Public Health Act which would transfer the total control of local medical facilities and the Lock Hospitals to the Government.¹⁴⁷

Philippa Levine has remarked that brothels were controlled differently in the colonies than in England. Using the case of the brothels in Hong Kong, Levine explains that while in Hong Kong the medical authorities called for greater surveillance of brothels, this would not have been possible in England. Doing so would have been tantamount to officially accepting and acknowledging their existence.¹⁴⁸ In Cyprus, like in other colonies, authorities did not only recognise the brothels officially, but also issued them with licenses and coerced them to pay fees towards the management of the Lock Hospitals. Other major differences existed between the treatment of prostitutes in England and those in the colonies. The Contagious Diseases Acts, which were passed in Parliament in 1864, held a great degree of influence over issues related to women's bodies and prostitutes. As I shall explore later on in this chapter, despite the subsequent repeal of these Acts in England and in many other colonies, old laws of regulationism in Malta allowed for local politicians to retain the 1864 Acts until 1931, when it was repealed against the advice of the Chief Government Medical Officer.¹⁴⁹

¹⁴⁶ TNA London, Public Record Office, CO 67/17, Frederick Heidenstam to Frederick Barry and Robert Biddulph, 20 September 1880.

¹⁴⁷ Hook, 'The Britons in Cyprus 1878-1914', pp.240-41.

¹⁴⁸ Levine, 'Public Health', p.164.

¹⁴⁹ Cassar, *Medical History*, p. 230.

Leprosy and its Containment

Leprosy had been common in Europe since the Middle Ages, and in some countries like Cyprus it was endemic. By the nineteenth century British imperial authorities and the medical profession were keen to understand the aetiology of leprosy and whether there were means to contain it. The prevalence of leprosy in the West Indies colonies prompted the need for further action by imperial authorities. In 1867, after some investigations, the Royal College of Physicians reported that ‘although the disease was endemic in many colonies it posed almost no risk to European settlers and officials’.¹⁵⁰ At this time it was believed that leprosy was largely hereditary and non-contagious. This view was to be challenged repeatedly over the next two decades by many colonial physicians, especially physicians from British Guiana. Yet, despite colonial resistance, there was no pressure from the imperial authorities to isolate or contain lepers in the colonies. The 1867 Report became increasingly difficult to accept and observe in the colonies where it was widely accepted that leprosy was to a certain degree contagious. By the 1880s and 1890s leprosy was believed to be spreading across the British Empire, mainly through the flow of people and goods between countries and colonies. It was feared that it would threaten the metropolitan centre of the Empire. In 1897 the first Berlin International Leprosy Conference took place, presided over by the physician and public health advocate Rudolf Carl Virchow. Also present for this Conference was the Norwegian physician Gerhard Hansen and the German physician Robert Koch. Hansen’s paper on leprosy was the main focus of the conference. This Conference discredited the hereditary explanation of the disease and encouraged world-wide

¹⁵⁰ Edmond, *Leprosy and Empire*, p. 59.

parallel action against the spread of the disease. Following the Conference, Colonial Secretary Joseph Chamberlain asked the Royal College of Physicians whether they had enough reason to change their opinion on the subject of segregation of lepers. A Leprosy Committee was set up and it concluded in 1898 that leprosy was contagious by direct or indirect means. This prompted imperial authorities to change the 1867 missive to the colonies, and instead implement a system of compulsory segregation of all persons thought to be diseased with leprosy.¹⁵¹

In Malta, papers and treatises concerning leprosy appeared in the seventeenth century and the earliest recorded case of leprosy goes back to 1629. The extent of leprosy in Malta during the first decades of the nineteenth century, if it did exist, was unknown. The 1863 inquiry by the Royal College of Physicians of London led to a report being prepared by a Committee of Maltese physicians claiming that the disease was unknown in Malta although they were not prepared to totally exclude the possibility of its existence.¹⁵² During the second half of the nineteenth century, there was a significant increase in leprosy in Malta. This increase was attributed to the return of Maltese settlers from North Africa in 1872 and the arrival of six thousand Indian troops in 1878 who were stationed at Imrieħel.¹⁵³ In 1886 another report by Maltese physicians claimed that the most prevalent cases of leprosy were to be found in the villages of Qormi, Ghargħur, Mosta and Naxxar. These villages are situated within a few miles of Imrieħel.¹⁵⁴ Until the last decade of the nineteenth century no provisions were set up for lepers in Malta. Some of those suffering from leprosy were accepted into the Incurables Hospital although the Comptroller of Charitable

¹⁵¹ Ibid, pp. 61-109

¹⁵² Cassar, *Medical History*, p.212, TNA London, Public Record Office, CO 158/198, Gaspard le Marchant to Duke of Newcastle, 6 December 1862.

¹⁵³ Cassar, *Medical History*, p.212.

¹⁵⁴ TNA London, Public Record Office, CO 158/278, John Lintorn Simmons to Edward Stanhope, 15 November 1886. Check the Map of Malta Map 1.4

Institutions did not wish to encourage more applications of entry to this Hospital because he feared the lepers might be a source of infection to other incurable patients. Following the 1898 new ordinance, an act was passed by the Maltese Council of Government forcibly segregating all lepers. To this end, construction began on a new leper asylum. The male ward, which accommodated 72 patients, was completed in 1899 but the female ward was not finished until 1912.¹⁵⁵ Rules were so stringent for the lepers that evidently the only way of avoiding detention in the new Leper Asylum was to emigrate and settle in another country.¹⁵⁶

In Cyprus lepers had been isolated for quite some time before the British took possession of the island in 1878. In a report by the District Civil Surgeon G. P. Irving in 1880 he described the Leper Farm as having been the abode of lepers for half a century. The Leper Farm in Cyprus was situated about a mile out of the Famagusta Gate in Nicosia.¹⁵⁷ In 1891 a law was passed in Cyprus, similar to the one passed in Malta, which stated that village authorities were bound by law to report any person suspected of suffering from leprosy. In both Malta and Cyprus careful attention was given to people arriving in the islands to ensure that no one was carrying the disease.¹⁵⁸

¹⁵⁵ TNA London, Public Record Office, CO 158/362, Henry Grant to Earl of Crewe, 12 June 1909. Cassar, *Medical History*, p.214.

¹⁵⁶ Ibid.

¹⁵⁷ TNA London, Public Record Office, CO 67/10, Report by G. P. Irving, 13 January 1880.

¹⁵⁸ TNA London, Public Record Office, CO 67/94, Frederick Heidenstam to Arthur Henderson Young, 14 June 1895.

Contagionism and Quarantinism in the Mediterranean

One of the key aetiological controversies in the British public health movement is the discussion of contagionism. During the nineteenth century, popular notions of contagion finally started to be debated in a 'scientific' manner.¹⁵⁹ By analysing contagionism and anticontagionism in the Mediterranean I want to draw the distinction between the physicians' discussions both in the boards of health and also the purposefully organised commissions studying contagious diseases. These policy makers were, for the most part, composed of conservative bureaucratic administrators who had a preference for the theories of contagionism. Traditional quarantine methods of segregation and isolation of prostitutes in small areas of the cities (as I will discuss later on with respect to Malta) had some success in containing contagious diseases and retaining the respectability of the cities or towns.

In 1948, Erwin Ackerknecht's classic paper 'Anti-Contagionism between 1821 and 1867' sparked a debate amongst historians on the theoretical foundations of modern public health.¹⁶⁰ For many historians, anti-contagionism was seen as the key element which provided social policy makers with the tools to prevent disease. By contrast, other historians argued that environment anti-contagionism, as epitomised by Chadwick, promoted the right actions but for the wrong reasons.¹⁶¹ Furthermore, Ackerknecht argued that during the nineteenth century, physicians turned wholesale in favour of anti-contagionism. He also explained how physicians

¹⁵⁹ Margaret Pelling, 'The Meaning of Contagion – Reproduction, Medicine and Metaphor', in Alison Bashford and Claire Hooker (eds), *Contagion – Historical and Cultural Studies* (London and New York, 2001), p. 15.

¹⁶⁰ Erwin Ackerknecht, 'Anti-Contagionism between 1821 and 1867', *Bulletin of the History of Medicine*, 22 (1948), pp. 562-93.

¹⁶¹ More on this controversy, Richard J. Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (Oxford, 1987), pp. 232-37, Elsbeth Heaman, 'The Rise and Fall of Anticontagionism in France', *Bulletin Canadien d'Histoire de la Médecine: Canadian Bulletin of Medical History*, 12 (1995), pp.3-25, Margaret Pelling, *Cholera, Fever and English Medicine, 1825-1865* (Oxford, 1978), Christopher Hamlin, 'Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought', *Social History of Medicine*, 5 (1992), pp.43-70.

embraced the anti-contagionist stance because it opposed quarantine. Ackerknecht's claim that the debate between contagionists and anti-contagionists was the major contributor to the subsequent quarantine policy reforms was later disputed by historians Margaret Pelling and Christopher Hamlin who claimed that these debates were but a single aspect of a far more complex issue. Margaret Pelling explained how the inflexible anti-contagion theory was confined mostly to the rigid official Chadwickian group of policy makers. She argued that the general mainstream beliefs amongst the English medical profession leaned towards, what she called, 'contingent contagionism' – that some diseases were believed to be caused by contact while other diseases were transmitted through atmospheric miasmas.¹⁶² Christopher Hamlin argued that contagionists and anticontagionists were neither incompatible nor opposed to each other. Elsbeth Heaman disagrees with Pelling's views and produces evidence to show that French medical opinion during the nineteenth century was genuinely divided between contagionist and anticontagionist views.¹⁶³ Furthermore, Michael Worboys has argued that rather than refuting the concept of 'miasmatic' medicine, nineteenth-century Victorian scientists refined the meanings of miasmas until they were incorporated within the wider field of contagious and infectious diseases. Thus from the 1860s onward, the term 'contagious' was increasingly used to refer to airborne diseases transmitted by close contact such as smallpox, those transmitted by inoculation such as syphilis and those transmitted by touch such as scabies. The German hygienist Max van Petternkofer believed that germs went through certain stages of change outside the body. He was followed by numerous

¹⁶² Pelling, *Cholera, Fear and English Medicine*, as quoted in Dorothy Porter, (ed) *The History of Public Health and the Modern State*, (Atlanta, 1994), p.16.

¹⁶³ Heaman, 'The Rise and Fall', p. 4.

British scientists, terming this phenomenon as ‘contagious-miasmatic’. Thus it was believed that a disease was both contagious and transportable via miasms.¹⁶⁴

This debate is particularly interesting as it closely relates to the administrative policies on quarantine adopted by each country. Cholera was the primary topic of discussion amongst European powers (especially during the International Sanitary Congresses) but they could not agree whether cholera was contagious or non-contagious. Even after the findings of physician John Snow in 1854, politicians and medical delegates were still at odds regarding the means of cholera transmission. Following Snow’s indication that the *vibrio cholerae* was in the drinking water, European powers were still not convinced that cholera could not be transmitted by personal contact: making the decision of abolishing or retaining quarantine for cholera epidemics, harder to implement. Astonishingly however, the discovery of *vibrio cholerae* by anatomist Filippo Pacini in 1854 went largely unnoticed by the medical profession and it was after 1884 when the pathologist Robert Koch made the ‘rediscovery’ of the *vibrio cholerae* in India, that discussion over the contagiousness and anti-contagiousness of the cholera could be laid at rest.

The main players in Mediterranean quarantine were the English, French and Italians. The English adopted quarantine measures quite late compared to other continental countries and while they started practising quarantine in the sixteenth century, they never built an impressive infrastructure like that of the French and the Italians. But once established, quarantine in England was as rigorous as in other countries. The British monarch could order quarantines, establish lazarettos and cordons and execute violators of quarantine. By the mid-eighteenth century quarantine was reformed. At the same time British interests in the East increased

¹⁶⁴ Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900*, (Cambridge, 2000), pp. 38-39.

and in order to protect these developing trade routes they imposed quarantine in the Mediterranean colonies.¹⁶⁵ However, segregation methods like maritime quarantine became increasingly controversial and were often the talking point for local newspapers and the focus for debates in the Council of Government (in the case of Malta). These isolationist measures were increasingly seen as primitive. Advocates of laissez-faire policies denounced quarantine as not only injurious to trade, but also economically and politically inefficient.¹⁶⁶

However, it is important to explain that segregation was not a particular concern of the islanders. Although a number of merchants travelled to regional ports, the majority of the population was not particularly affected by the rules on isolation and segregation. Any criticisms of the physical aspects of isolation were usually directed towards the Government by English travellers or politicians. The two major points of interest for local islanders were the economic impact of quarantine on the islands and the importance of enforcing quarantine so as to safeguard the islanders against contagious diseases. For islanders, it was a matter of finding a fine balance between enforcing quarantine to safeguard the people from diseases and to sustain the quarantine reputation that these islands had acquired so as to reduce the economic impact caused by quarantine regulations.

Medical and political ideals were important aspects of Mediterranean quarantine policies, even though debates on quarantine were mostly prompted by political and commercial interests. The whole point of quarantine was the safe movement of goods and peoples without the importation of plague, cholera and yellow fever into Western countries. The Mediterranean quarantine system, however, was quite a complicated system. As explained at the beginning of this

¹⁶⁵ Baldwin, *Contagion and the State*, pp. 93-94.

¹⁶⁶ Pelling, 'The Meaning of Contagion', pp. 21-25.

chapter, if an infected vessel travelled from an infected port, it was immediately put under quarantine when it arrived in the next Mediterranean harbour even though plague and cholera were not particularly endemic in the port of origin. In many ways, quarantine was a political and a commercial punishment for not heeding the general advice of the bigger Mediterranean powers. This was precisely the argument put forward by the High Commission of Cyprus to the Secretary of State on 3 June 1891 when he claimed that Cyprus put Massowah (Massawa, Eritrea) in quarantine because the Ottoman Government had done so some days previously. He remarked that:

we have no communication with Massowah but we have to protect our Bill of Health in Turkey and if arrivals from a foreign port are put in quarantine in Turkish ports and the same rules are not observed in Cyprus we run the risk of being placed in quarantine by Turkey which is of the greatest inconvenience to our trade and which may possibly also interfere with our communication with other countries.¹⁶⁷

Quarantine was never a straightforward option for the containment of contagious diseases. It presented a myriad of problems: problems between the British administrators in London and those in the islands, political snubs between Mediterranean powers, bickering between merchant ship owners and HM's men-of-war and it was a source of constant debate amongst local politicians and newspapers. In 1813, one of the worst bouts of plague hit Malta, Corfu and Cephalonia. Local Boards of Health blamed the British authorities for being careless. Historian John Booker mentions how in Valletta, consuls, merchants and other authorities constantly spied on each other and provided conflicting reports to London about

¹⁶⁷ TNA London, Public Record Office, CO 67/70, Henry Ernest Bulwer to Edward Stanhope, 3 June 1891.

how quarantine should be managed and how much money was being spent. During the 1813 plague the Governor and High Commissioner of Malta and the Ionian Islands Thomas Maitland came under constant attack from both the English Government and the Maltese Board of Health.¹⁶⁸ However, that did not sway him from his course of action. Thomas Maitland believed in ideas of contagionism with a vengeance. He argued that despite the medical opinion of the Board of Health of Malta, plague still raged. He sent numerous long reports to the Colonial Office about the methods he employed to contain plague on all three islands. The measures were drastic. Cordons were established, those who violated quarantine were shot immediately and local police were the only people he trusted to contain the disease. If the plague returned to a particular village which had been declared free of contagion for a few days, he could always explain its recurrence. In his words ‘in truth I cannot repeat too often that the plague has nothing to do with medical men – that it is a mere measure of strict police and nothing else and that the medical men [claiming to cure] the men that are infected it is nonsense to pretend they are of any use’.¹⁶⁹

His measures might have checked the progress of the plague in Malta and the Ionian Islands but they ruined the island's commercial and economic stability. It seems that Maitland did not fully grasp the extent of this economic calamity. It was not until November 1813 that he understood how difficult the economic situation was for Malta. In a despatch to the Secretary of State Lord Bathurst he complained that the commerce of Malta was suffering ‘from certain measures that have been

¹⁶⁸ Thomas Maitland was the first Governor of Malta and the first High Commissioner of the Ionian Islands. He was chosen by Lord Bathurst (the Colonial Secretary) to consolidate the two islands into the British Mediterranean milieu. He had a brilliant colonial career behind him and an almost absolutist way of administering.

¹⁶⁹ TNA London, Public Record Office, CO 136/5, Thomas Maitland to Sir Henry (most probably Sir Henry Bunbury), 1 April 1826.

adopted down the Mediterranean upon what grounds and principles I am not aware'.¹⁷⁰ British authorities became aware of a 'pecking order' amongst the Mediterranean countries which affected both quarantine and economic prosperity of the Mediterranean colonies. Furthermore, Maitland was constantly spied on by local merchants and consuls and the slightest indiscretion, not least by himself, was immediately reported in London.¹⁷¹ Merchants were extremely embittered and at this time they emerged as an active pressure group convinced that Maitland was to be blamed for the universal quarantine inflicted on Maltese shipping in European and Mediterranean ports.¹⁷²

It took approximately twenty-five years for the Maltese quarantine establishment and the Board of Health to be recognised as having the required standards of other key lazarettos in Europe. For the British, this quarantine was detrimental to their trading interests but it was recognised that whilst Maltese trade was impeded in foreign ports, so too was foreign trade hampered in the Maltese harbours. This was what the Paris Conference of 1851 sought to address and resolve.¹⁷³ Numerous International Sanitary Conventions took place throughout the nineteenth century. The first one was suggested by the Consul of France in Malta. This proposal was immediately accepted by the French and the British and the invitation was then extended to Austria, Russia and Italy. On 30 August 1838, Sir

¹⁷⁰ Booker, *Maritime Quarantine*, p. 364.

¹⁷¹ According to *The New Monthly Magazine*, Thomas Maitland reputedly broke the same regulations he himself set with regard to quarantine in Corfu. After setting rigorous and 'injurious to trade' quarantine regulations, he once returned from a visit with the Ali Pasha without stopping in quarantine or even distancing himself for some days. This led to harsher quarantine rules being placed against Corfu harbour by the Neapolitan board of health. Henry Colburn, *The New Monthly Magazine and Literary Journal Part 2* (London, 1827), pp.18-19. He also gave orders for vessels to avoid contact with certain ports so that when the vessel arrived in Malta, he could sail for Corfu without the vessel being delayed in Malta for quarantine. This incident was recorded by the 1st Earl of Munster on his voyage from India to England through Egypt. George Augustus Frederick Fitzclarence, *Journal of a Route across India, through Egypt, to England*, (London, 1819), pp. 435-36.

¹⁷²Ibid., p. 427.

¹⁷³Ibid., p. 517.

Henry Bouverie, the Governor of Malta sent his thoughts about this Congress to the Secretary of State and claimed that:

nothing would be more satisfactory to me, and to the Board of Health of Malta, than to see the Quarantine Regulations so modified by agreement with the Board of Health of Marseilles and of the Italian Ports having Lazarettos, as to afford relief to Her Majesty's Ships of War from the annoyance of Quarantine so far as it may be done, due regard being had to the public safety; this Government would be thereby in a great measure relieved from increasing remonstrances and complaints against regulations which it is not at present in its power to dispense with, without utter ruin to the commerce of the Island.¹⁷⁴

On July 8, 1838, Count Molé, the French Minister of Foreign Affairs echoed the same sentiments to the ambassador in England: 'His Majesty's Government has recently proposed to different states of the Italian peninsula to form a kind of Congress in which would be discussed and agreed, by special delegates, the foundations of a uniform health system'.¹⁷⁵ Both the High Commissioner of Corfu and the Governor of Malta were invited to join and Count Metternich (the first chancellor to the Austrian Empire) suggested Leghorn in Italy as a suitable venue for this Congress. However, this Congress never took place due to the tensions over the Eastern Question.¹⁷⁶

¹⁷⁴ TNA London, Public Record Office, CO 158/101, Henry Bouverie to Lord Glenelg, 30 August 1838.

¹⁷⁵ Daniel Panzac, *Quarantines et Lazarets – L'Europe et la Peste d'Orient* (Aix-en-Provence, 1986), p. 108

¹⁷⁶ TNA London, Public Record Office, CO 136/88, correspondence between Lord Glenelg, Howard Douglas, the French Consul in Corfu Mr. Despreaux de St. Sauveur and Count Molé French Minister of Foreign Affairs, 31 July 1838.

The first International Sanitary Congress took place in Paris in 1851 and was the first of sixteen further Congresses, the last of which took place in 1969.¹⁷⁷ Due to regional laws or regulations in some areas in the Mediterranean, some countries were not expected to adhere to the agreements reached by the Congress. In some cases, such as Gibraltar, these smaller islands had to adhere to the systems adopted by the nearest ports. Gibraltar had to abide by the rules of Spanish ports while Cyprus had to comply with rules of the Turkish ports. Since both Gibraltar and Cyprus were significantly smaller and politically weaker than their counterpart neighbours, they depended on the latter's goodwill for the importation and exportation of goods. One such case took place in October 1913 when the High Commissioner of Cyprus informed the Secretary of State of his belief that Cyprus should not adhere to the Convention because the Turkish Government refused to comply with the suggestions put forward by the Paris Sanitary Convention of 1912. He claimed that after considering:

the obligations forced upon all parties to the Convention the greater do the difficulties appear for the Government of Cyprus, with its limited financial resources and its backward and non-progressive communities, to at present, honestly, strictly and fully, perform all those obligations, which it would accept by becoming of those parties.¹⁷⁸

Similar sentiments were expressed in 1903 after the Paris Sanitary Conference of the same year.¹⁷⁹ The difficulties that each country experienced in complying with the

¹⁷⁷ TNA London, Public Record Office, CO 136/343, correspondence between Earl Grey, Henry George Ward and Lord Palmerston, 17 July 1851.

¹⁷⁸ TNA London, Public Record Office, CO 67/170, from Lewis Harcourt to Hamilton Goodl-Adams, 30 October 1913.

¹⁷⁹ TNA London, Public Record Office, CO 67/137, from Alfred Lytellton to William Haynes Smith, 1 October 1903.

Congresses' principles were insurmountable at the time and by the end of the nineteenth century enthusiasm for reform from the European representatives waned.

These Congresses were fraught with political and economic self-interest and the most important question - whether cholera was contagious or non-contagious - was never agreed upon. Instead, other political manoeuvres were being conducted, sometimes on the eve of particular International Sanitary Congresses. In one instance, in July 1891, a year before the Seventh Congress, Britain signed an agreement with Austro-Hungary, agreeing that ships bound to ports in the United Kingdom and coming from the Suez Canal, suspected of being contagious, were to allow sanitary officers to board and to remain on-board until they reached the designated UK port. These sanitary officers were tasked with segregating those on board from the people on the land. They were also instructed to send telegrams to the UK port in preparation for the arrival of the infected ship. England and Austro-Hungary proposed that this agreement be extended to all members of the Seventh Congress in 1892 which was held in Venice. France immediately took exception to this agreement. French representatives claimed that while this scheme appeared to be safeguarding the health of southern Europe, it was clear that the British were circumventing the quarantine in the Mediterranean to ensure the speedy return of their ships from India.¹⁸⁰ These discussions were not only essential for the contagionism/anticontagionism debate, but also for political and economic manoeuvrings which were in reality the true motivation behind these Congresses.

National and international discussions on quarantine and contagious diseases show how complex quarantine was in the Mediterranean. The medical debate between contagionist and anticontagionists served as a backdrop to the rife political

¹⁸⁰ Norman Howard-Jones, 'The Scientific Background of the International Sanitary Conferences 1851-1938', *History of International Public Health*, 1 (1975), p. 63.

disagreements in the Mediterranean. Quarantine as enforced on these islands was highly intricate. It elicited discussion from all sectors of society. It was not simply a matter of medical theory or political strategies for local administrators. Local and foreign merchants complained, commandants and superior officials in HM's Navy constantly expressed their anger at being kept in quarantine, newspapers blamed either the Government or the Boards of Health for the contagion and the general public believed anything written in the newspapers or hearsay. Undoubtedly, every time that cholera, plague or yellow fever hit the Maghreb, Egypt or the eastern countries, local administrators in the Mediterranean felt they had to act carefully for the sake of social and national stability. Therefore, whilst quarantine was the bone of contention between the supporters of contagionism and anti-contagionism, local administrators were influenced by a myriad of other discussions and events taking place either in the country itself or in the neighbouring states.

Isolation and Coercive Segregation

So far I have discussed how quarantine in Malta, Cyprus and the Ionian Islands functioned during the nineteenth and beginning of the twentieth centuries.

Segregation was especially reserved for those who were deemed 'undesirable' and 'dangerous'. Those believed to be carrying a deadly disease such as plague, cholera or yellow fever were isolated in quarantine. Prostitutes were also segregated, first for moral reasons and then for both moral and medical reasons. The same applied to lepers: segregation of lepers dated back to much earlier centuries (certainly since Biblical times) and the Judeo-Christian practise of removing the 'tainted' from amongst the population became imbued in the culture of many countries. The

historian Rod Edmond explains how both leprosy and its associated stigmatisation continued to exist in Europe during the sixteenth and seventeenth centuries. He claims that during the nineteenth century, leprosy became racialised and sexualised, making leprosy ‘a boundary disease par excellence’.¹⁸¹

As European powers spread, including the British Empire, the maintenance and preservation of these boundaries increased as well – the boundary that kept the clean from the unclean. With the development of germ theory (the notion that foreign unclean objects could penetrate the body inside), there was a further need to maintain the boundaries.¹⁸² The prevention of infectious diseases have spatial implications, or what historian Alison Bashford calls ‘geopolitics of disease prevention’. Apart from utilising quarantine infrastructures to monitor the traffic of goods, animals and humans, quarantine created physical borders with customs, warehouses and storage for goods and lazarettos for humans. Whereas later in the twentieth century the control of passengers and immigrants could be done by passports and visas, in the nineteenth century, the good bill of health was the only accepted documentation. In this sense, public health ruled the borders of countries, including the borders of these Mediterranean islands. Bashford claims that later in the nineteenth century and beginning of the twentieth century, immigration law and public health law became closely intertwined, in an effort to regulate mass movement of migrants, pilgrims and refugees.¹⁸³

By the late nineteenth century the increasing numbers of lepers created the unsettling feeling that England, as the metropole, was not safe from the infected colonial bodies. The boundaries created were at times permeable, acting as a kind of

¹⁸¹ Edmond, *Leprosy and Empire*, p. 219.

¹⁸² Ibid., pp.6-11.

¹⁸³ Bashford, *Medicine at the Border*, pp. 6-7.

filter instead of a blocking agent. Thus, this permeable boundary, lead to more stringent segregation in many British colonies including Malta and Cyprus.¹⁸⁴ As laws were put in place and enforced (especially after 1898), lepers were forcibly removed and locked away.

One of the most important aspects of segregation was the construction of various rationales to justify it. In reality different state agencies and other authorities renewed their efforts during the nineteenth century to classify and segregate people deemed undesirable or dangerous.¹⁸⁵ Authorities were uncommonly flexible with these rationales. Sometimes they segregated the ‘undesirables’ on the rationale of prevention. In 1849 the Governor of Malta applied for permission to incur expenditure of £818 which included amongst other small projects the separation of the prostitutes from other women in the Central Hospital. He pleaded that ‘great inconvenience has been experienced from their intercourse with other females in the hospital so much so that... [he was] induced to recommend an addition to the hospital for this class of patients by which they... [could] be kept separate’.¹⁸⁶ This segregation took place because these prostitutes were ‘ungovernable’ not because they were a medical threat to the other women. Certainly the authorities felt that they constituted a ‘moral’ threat to the other women.

Similarly, in the case of lepers in Malta, according to a report sent by the Governor to the Secretary of State, the administrative control of lepers was to follow a particular procedure: ‘After notification of cases, the patients are examined by a Medical Board, and if the existence of the disease is certified, they are removed to the

¹⁸⁴ Ibid., p.141-42

¹⁸⁵ Carolyn Strange and Alison Bashford (eds), *Isolation: Places and Practices of Exclusion* (London and New York, 2003), p. 1.

¹⁸⁶ TNA London, Public Record Office, CO 158/145, from Richard More O’Ferrall to Earl Grey, 5 April 1849.

Leper Asylum, where they are isolated. Disinfection is used, but no other measures are adopted'.¹⁸⁷ This clearly indicates that segregation was implemented purely for the protection of the rest of the population, including the British garrisons and their families on the islands. No extra comforts or remedies were offered to the lepers in the Asylum.

However, clearly, there were differences in the treatment of lepers across the colonies. In Cyprus, in March 1880, a report by Surgeon-Major G. P. Irving, described how hygienic measures were adopted because these improved the patients' general condition. He also explained how, due to the nature of the disease, lepers suffered from the cold especially in the extremities and they spent all their allowance on paraffin oil for heating. As a consequence their diet was quite poor. He detected bleeding of the gums which he put down to a lack of vegetables and animal foods in their diets.¹⁸⁸ In the Second Annual Report of the Sanitary Commissioner of Cyprus for 1881, Irving recommended that chaulmoogra oil be applied to patients with milder cases of leprosy. This was reported to have led to an amelioration of the symptoms, such as the closing of some of the ulcers, and the general improvement of the patients' comfort.¹⁸⁹ This particular case indicates that in Cyprus lepers were given more than just shelter and food. Medical care was an important part of the lepers' lives while in isolation.

One of the *mode d'emploi* for segregating unclean or contagious individuals was to exclude people geographically from the main areas where the general population lived and worked. In Malta and Cyprus much effort was put into finding and

¹⁸⁷ TNA London, Public Record Office, CO 158/362, from Patrick Grant to Earl of Crewe, 12 June 1909.

¹⁸⁸ TNA London, Public Record Office, CO 67/11, Robert Biddulph to Marquis of Salisbury, 24 March 1880.

¹⁸⁹ TNA London, Public Record Office, CO 883/2/16, Robert Biddulph to Earl of Derby, 6 March 1883.

building isolated establishments. The lazaretto in Malta was built in the seventeenth century and it was set up on an inaccessible islet in the middle of the Marsamscetto Harbour. Both Cyprus and the Ionian Islands had lazarettos on small islands away from the mainland, where the segregation of lepers and prostitutes was less drastic and they were usually in closer proximity to the rest of the population (albeit still in segregation). In Malta, after 1900 the lepers were accommodated in new quarters adjacent to the newly built poor house. This establishment was within walking distance of some of the neighbouring villages. In Cyprus, the Leper Farm was situated about a mile distance from the Famagusta Gates in Nicosia and the lepers were housed in cottages or rows of rooms leading onto a small enclosed yard.¹⁹⁰ The majority of prostitutes in Malta lived in Valletta where easy access to the harbour generated more work for them. Although they lived in densely populated areas, in 1893 a resolution was passed in the Council of Government to provide the necessary arrangements to determine the location where prostitutes should be segregated within Valletta.¹⁹¹

Another type of segregation was implemented within the institution on the basis of sex, race, social status or medical grounds. In quarantine establishments or lazarettos, the quarantined persons were divided between those already showing the symptoms of the disease and those who were not. This normally involved increasing the number of rooms and divisions within the establishment to accommodate all the persons subjected to quarantine.¹⁹² In Malta, quarantine establishments also had divisions according to rank and class. On 30 December 1879, a certain Captain

¹⁹⁰ TNA London, Public Record Office, CO 67/112, William Hayes Smith to Joseph Chamberlain, 24 June 1898.

¹⁹¹ TNA London, Public Record Office, CO 158/303, Henry Augustus Smyth to Marquess of Ripon, 15 January 1893.

¹⁹² TNA London, Public Record Office, CO 67/31, from Robert Biddulph to Earl of Derby, 28 July 1883.

Raymond complained of his poor treatment while he was in quarantine in Malta even though the Maltese authorities gave him a choice of first-class apartments. He was also offered some basic furniture including a bedstead, table and chair.

Schemes of 'normalisation' were put in place and the professional medical sectors became the authority holders because of their scientific backgrounds.¹⁹³ They determined who was to be isolated. Medical policies managed problem populations and created precise geographies of isolation. Medical opinion was sought by authorities who decided to isolate lepers from their families or who wished to keep prostitutes and venereal diseases in check. After segregation laws were passed for lepers in both Malta and Cyprus. Victims who started showing the first signs of leprosy were reported by the medical officers and then sent to special leper asylums.

Yet in these island colonies traditional practices triumphed in the latter decades before the 1898 Leprosy Act. Traditionally it seems that both in Malta and Cyprus lepers were not shunned in the community. However, some lepers in Cyprus voluntarily went to the Leper Farm to receive help because their illness was too advanced to continue living with their families or to fend for themselves. In the case of Malta, according to the report sent by medical officers in 1886, traditionally these lepers were not segregated from the community they lived in. In Malta, there were no leper asylums and they were well received in their respective communities.¹⁹⁴ This all changed when the Leprosy Act of 1898 made it mandatory for lepers to be segregated. Lepers in Malta were sent to the newly built-for-purpose asylum. It is important to note that only two civil charitable institutions were built in Malta (the

¹⁹³ 'Scheme of normalisation' refers to social processes through which ideas and actions are seen as 'normal' or 'natural' in everyday life. In this case, individuals who did not fit the description of 'normal' were either isolated or under constant medical checks. I will explain Michel Foucault's theory of normalisation later on in this chapter.

¹⁹⁴ TNA London, Public Record Office, CO 158/278, report prepared by medical officers in Malta and sent by John Lintorn Simmons to Edward Stanhope, 15 November 1886.

Mental Asylum and the Poor House). The leper asylum was built as part of the Poor House but carefully segregated from the rest of the building.

In countries like Cyprus, where leprosy was known to be more widespread than other countries, few communities tolerated lepers to stay while the advanced mutilated stages of leprosy set in. The story of a wealthy family living near the Troodos range of mountains in Cyprus exemplifies these feelings of solicitude and also of fear on the part of villagers. A well-to-do man named Dimitri lived with his wife, the sister of the Archbishop of Cyprus, Eudochia. They had three children who were sent away to study. Sometime afterwards they took in a servant, Michaili, who came from a village notorious for its widespread leprosy. After having been in their service for a few years Michaili started showing symptoms of leprosy. The couple did not send him away because they felt he had become part of their family. The wife nursed him for seven years until the villagers complained of his presence and he was sent to the Leper Farm. Two years later Eudochia showed symptoms of leprosy and after being nursed by her husband she died in the Leper Farm within a few years. Dimitri also caught leprosy from his wife and he was also accepted into the Leper Farm.¹⁹⁵

Segregation was most often supported by laws and regulations which ensured maximum adherence and conformity, and enforced with threats and punishments. In the case of quarantine, regulations stipulated that a vessel could be seized and forfeited and the master of the vessel was liable to imprisonment and a fine if he failed to comply with the regulations or lied about the bill of health (*pratique*).¹⁹⁶ In

¹⁹⁵ TNA London, Public Record Office, CO 67/62, report by Frederick Heidenstam, March 1890.

¹⁹⁶ A *pratique* was the bill of health of the vessel, the crew and the supplies on board. A free *pratique* meant a 'good bill of health' which enabled the crew and the vessel to enter the harbour and moor. A bad *pratique* could end in isolation and quarantine for some days or months unless the vessel avoids entering the harbour altogether. A ship can signal for a *pratique* while in the harbour by waving the

the case of prostitutes the most common form of punishment for non-compliance was imprisonment. In Cyprus, brothels were forced to pay a fee for women who needed medical attention in the Lock Hospital. If they failed to do so, they were fined and, in the case of repeated failures to pay, they were convicted and imprisoned for a maximum of three months.¹⁹⁷ In the case of lepers, no archival source points to a particular punishment if lepers escaped or refused to go to a leper asylum. In Malta during 1902 and 1903 numerous cases of violence from inmates and numerous escapes of male lepers from the leper asylum prompted the authorities to act. The lepers were escaping by using ropes and other objects hidden in unlevelled grounds underneath the surrounding wall of the asylum. The Government undertook a £3,000 project to clear and level the grounds with the aim of stopping lepers from escaping again.¹⁹⁸ Their attempts to escape were rewarded by more sophisticated and better containment methods.

Perceptions of the Body

In this section I will discuss the different perceptions of the body of the prostitute as discerned by various authorities, both local and colonial. The nineteenth century saw the birth of regulationism in Britain, which was then implemented in various British colonies all over the world. The Contagious Diseases Acts (hereafter CD Acts) were first passed in England in 1864. Prostitutes could be arrested if found soliciting

yellow Q flag of the International Maritime Signal Flags. TNA London, Public Record Office, CO 67/128, from William Hayes Smith to Joseph Chamberlain, 26 July 1901. Report upon a Law 'To make Further Provision to Prevent the Infraction of the Quarantine and Customs Law of Cyprus by Persons in Vessels coming from Abroad'. TNA London, Public Record Office, CO 67/129, from C. J. Follett solicitor to Secretary of Customs in Cyprus, 2 September 1901.

¹⁹⁷ TNA London, Public Record Office, CO67/145, from Charles King-Harman to Earl of Elgin, 31 March 1906.

¹⁹⁸ TNA London, Public Record Office, CO 158/341, from Francis Wallace Grenfell to Joseph Chamberlain, 11 April 1902.

clients and subjected to a medical examination. Prostitutes found carrying a venereal disease were sent to the Lock Hospital and could be detained there for a number of months. Those in Britain in favour of these acts, (the regulationists) argued that the CD Acts were a necessary evil intended to contain venereal diseases. They believed that prostitution could not be eradicated and attempts to prohibit it would prove futile.¹⁹⁹ Regulationists also defended themselves against claims from contemporaries, including feminists, that the CD Acts purposefully targeted women and never submitted men to the same examination. In their defence, regulationists argued that these measures were in place because the majority of the prostitutes in England were women and the majority of the clients were men.²⁰⁰ Regulation of prostitutes was then extended to the colonies: namely, Hong Kong, Jamaica, Trinidad, Fiji, Gibraltar, Malta, India, Burma, Ceylon, the Australian colonies, Malaya, the Cape and Cairo.²⁰¹

More criticism was levelled at regulationists once it was known that white prostitutes in the colonial cities were entitled to a private doctor to conduct their medical examination, while indigenous women were summoned by the civil and military authorities to local venereal hospitals for inspections.²⁰² This was not the only difference between England and the colonies. Enforcement of these Acts in Britain rested on the actions taken by the police officer who could accuse a woman of being a prostitute. In some colonies, like Malta, prostitutes were expected to register themselves. According to Philippa Levine, there were significant differences

¹⁹⁹ For regulationism in England see Frank Mort, *Dangerous Sexualities: Medico-Moral Politics in England since 1830* (London and New York, 2000), Judith R. Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (Cambridge and New York, 1980).

²⁰⁰ Baldwin, *Contagion and the State*, pp. 357-67.

²⁰¹ Ronald Hyam, *Empire and Sexuality: the British Experience* (Manchester and New York 1990), p.66.

²⁰² Philippa Levine, 'Race and the Regulation of Prostitution; Comparing Public Health in the U.S. and Greater Britain', in Philippa Levine and Susan R. Grayzel, (eds), *Gender, Labour War and Empire – Essays on Modern Britain* (Basingstoke, 2008), pp. 55-56.

between white settler colonies and other colonies, including India. In colonies such as Australia women were given the chance to redeem themselves in the lock hospitals whilst in India, colonialists assumed that since public morality was low, these women would never repent. To the contrary, English prostitutes had to be called in and accused of prostitution because sex and prostitution were major taboos in a civilised country. In Hong Kong brothel owners had the duty to report the names of prostitutes and in many other colonies prostitutes were asked to register themselves. Levine argues that contemporary British authorities believed that women in the colonies did not share the modesty and demure of their British counterparts, and thus would have no qualms in registering with the authorities in person.²⁰³ In the Mediterranean islands, women were expected to register themselves as prostitutes. Following from the examples of India, Australia and Hong Kong, it seems that in these islands prostitutes were at times treated like the white prostitutes in Australia and in other respects they received similar treatment to the prostitutes held in lower esteem, from colonies like India. In fact, these variations clearly demonstrate the variety of ways the regulationist system was implemented in each colony. Although regulationism of prostitutes stemmed from the same precepts of class, gender, sex and the role of the state, each colony adapted its regulations to the local exigencies and the local traditions.

Philip Howell makes another important point about regulationism as it existed in the colonies. He argues that it is wrong to assume that the CD Acts and regulationism in the colonies were simply an adaptation of English prostitution law. In some countries, like Malta, where the tradition of regulationism was already

²⁰³ Philippa Levine, 'What difference did Empire make? Sex, Gender and Sanitary Reform in the British Empire', in Michael Warton and Nana Wilson-Tague (eds), *National Healths: Gender, Sexuality and Health in a Cross-Cultural Context* (London and Portland, 2004), pp. 74-78.

established, the new CD Acts served to extend that tradition.²⁰⁴ Previous to the arrival of the British in Malta, prostitutes frequently featured in the Knights archival documentation. They emerged in archival evidence few years after the arrival of the Order of St. John. Order's records show that despite vows of chastity, the monks were associating with prostitutes and maintaining mistresses. Traditionally the Order lived in isolation, in *collachio* (a reserved portion of the city), but in Valletta they found it difficult to separate the Knights from the people. To prevent scandals they banished foreign prostitutes from Malta and confined the Maltese ones to a small part of the city. These women could not wear a *manto* (headgear), could not take trips by sea and were not to be seen walking in the city streets. They were also prohibited from entering the Order's Conventual Church. The state of affairs continued to degenerate and it was believed that the chastity rule of the Order was no longer observed by many of the Knights. In June 1581 another edict was published banishing all prostitutes from Valletta. However, some of the Grandmaster's friends were allowed to retain their mistresses and female friends. This was an unpopular move and was resented by many of the younger knights, to the extent that the Grandmaster was briefly deposed from office, only to be reinstated again by the intervention of the Holy See. Later in 1631 prostitutes were prohibited from living in specific streets (a tradition that was kept until the twentieth century). Under the Order's rule prostitution was punished and many rules sought to regulate or stop prostitution. Yet, although suppressed, it was never eradicated. The periodic medical examinations of prostitutes existed in Malta previous to the

²⁰⁴ Howell, 'Prostitution and Racialised Sexuality', pp.323-25. For more about regulationism of sexuality in the British Empire see Richard Phillips, 'Imperialism and the Regulation of Sexuality: Colonial Legislation on Contagious Diseases and ages of Consent', *Journal of Historical Geography*, 28 (2002), pp. 339-62; Ann L. Stoler, 'Making Empire Respectable: The Politics of Race and Sexual Morality in 20th-Century Colonial Cultures', *American Ethnologist*, 16 (1989), pp. 634-60.

nineteenth century. Until May 1832 prostitutes were examined in a place in Strada Tramontana (one of the streets in the green area as shown on map 1.4). In 1830 it is recorded that more than 160 prostitutes were examined each month. In 1859 prostitutes learnt that this examination was not sanctioned by British law and many resisted further examinations. Thus the practice was dropped until the enactment of the CD Acts in 1864.²⁰⁵

The CD Acts in England were modelled on those already in existence in the Continent, amongst which the French system was the most developed.²⁰⁶ Malta and the Ionian Islands played an important part in the implementation of the CD Acts in the Empire. Governor Lt. General Sir Henry Storks was a proponent of regulationism and he used both Malta and the Ionian Islands as examples to prove that regulationism was beneficial and possible to implement. A Committee of physicians under the chairmanship of the surgeon Frederick Carpenter Skey was set up 'to enquire into the pathology and treatment of venereal disease'.²⁰⁷ In 1865 in his letter to the Skey Committee, Storks wrote that in the beginning of his tenure as the High Commissioner of the Ionian Islands, all islands had high rates of venereal diseases. Subsequently regulations and periodic inspections were enforced and venereal diseases all but disappeared from Corfu, Zante and Cephalonia.²⁰⁸

²⁰⁵ Cassar, *Medical History*, pp. 224-30.

²⁰⁶ For more on the French system check: Alain Corbin, *Women for Hire: Prostitution and Sexuality in France After 1850* (Paris, 1990), Ann Lewis, 'Classifying the prostitute in eighteenth-century France', in Ann Lewis and M. Ellis(eds.) *Prostitution and Eighteenth-Century Culture: Sex, Commerce and Morality. The Body, Gender and Culture* (London, 2012), pp. 17-32.

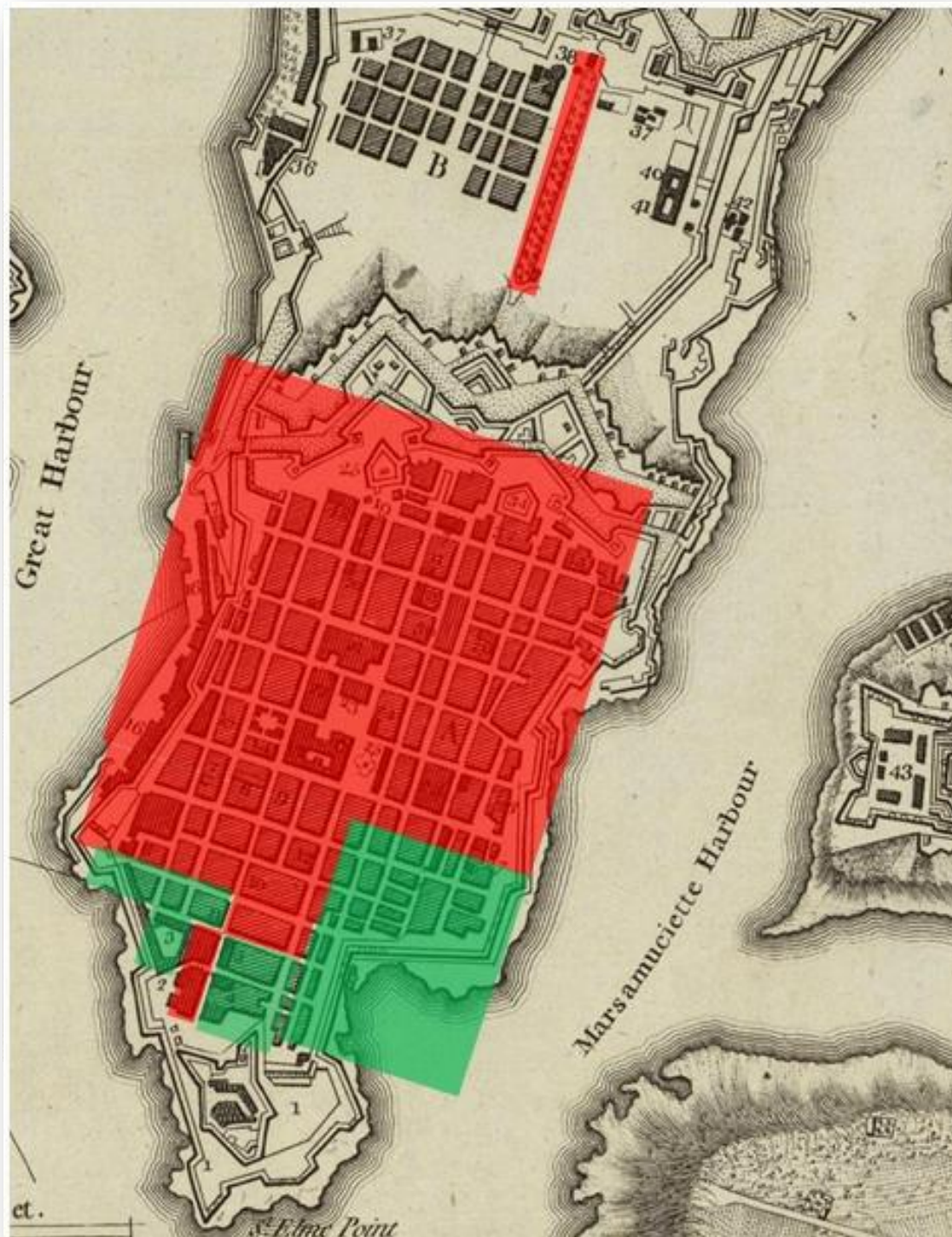
²⁰⁷ Paul McHugh, *Prostitution and Victorian Social Reform* (London, 1980), p.38, Frederick Carpenter Skey was an influential surgeon practising in London, a Fellow of the Royal Society and later on awarded Companion of the Order of the Bath (CB). He was also a friend and physician to Benjamin Disraeli. Disraeli persuaded him to accept the role of Chairman of the first parliamentary committee at the Admiralty set up to inquire on the best way to treat venereal diseases in the Army and Navy. For this role he was awarded the CB. His publications varied from venereal diseases, alcoholism, ulcers to hysteria. Christopher F. Lindsey, 'Skey, Frederic Carpenter (1798-1872)', *Oxford Dictionary of National Biography*, (Oxford, 2009), extract available online <http://www.oxforddnb.com/view/article/25674> (6 November 2013).

²⁰⁸ Levine, 'Venereal Disease', p. 197.

The regulationist system came immediately under fire by Victorian feminists and their supporters in the second half of the nineteenth century because the system allowed for women to be forcibly checked and compulsorily confined in lock hospitals. Due to this, lock hospitals in England were also targeted in the campaign against the CD Acts. However, lock hospitals remained fully functional in some parts of the Empire where they had been in existence for centuries before.²⁰⁹ This is exactly what happened to the lock hospital and the medical inspections in Malta. Although the CD Acts were repealed in Britain in 1886, the Maltese Council of Government fought to retain them. An attempt was made by the Secretary of State for the Colonies to repeal the Ordinance of 1861 in Malta. Opposition to the repeal was strong and when it was proposed in the Council of Government on 5 December 1888 it was rejected by the elected Maltese members.²¹⁰ The Crown Advocate, in support of the repeal, appealed for the release of prostitutes from the humiliation of exposing their bodies for medical inspections. He also pressed for the violation of

²⁰⁹ Bashford, *Imperial Hygiene*, pp.167-70.

²¹⁰ According to letters patent given to Malta, the Maltese could have a Council of Government (similar to a Parliament). During the nineteenth century the Maltese were given various letters patent but none were democratic or liberal enough. The Council of Government was usually composed of the ex-officio members of the Government (usually the most important heads of departments) and in the opposition, the elected members. These members were elected by a limited suffrage from all over the island. Some letters patent did not allow the elected members to be in majority and therefore the Government could still push forward with particular thorny decisions, Cremona, *The Maltese Constitution*.



Map 1.4. A detail from ‘A Plan of the City of Malta’. John Andrews, *Plans of the Principal Cities in the World* (London, 1776), plate 39.

Prostitutes were prohibited from dwelling or inhabiting the red shaded area. They could only frequent the green shaded area. The two small shaded areas towards lower Valletta denote the Holy Infirmary where women were accepted for the cure of venereal diseases and the Magdalen’s Asylum opposite the Holy Infirmary. This demarcation was agreed upon in 1892 by the Council of Government of Malta.

the personal liberty of prostitutes to stop. The historian Paul Cassar, in his book *The Medical History of Malta*, describes the Crown Advocate's appeal as 'of a purely sentimental nature and quite unconvincing'.²¹¹ In fact, the Crown Advocate's appeal was more than 'purely [of a] sentimental nature'. The strong campaigns against the CD Acts in England prompted local authorities in Malta to question regulationism as implemented in the island.²¹² I propose that the reason behind such opposition to the repeal of the CD Acts from the elected members of the Council of Government in Malta was that regulationism in these islands had long historical roots and became part of the identity of the Maltese islanders: removing regulationism was tantamount to letting go of the local traditions. Another point brought up in the parliamentary debates was that as long as the British forces and garrisons remained on the islands, the Council of Government did not see any alternative but to enforce the CD Acts on all prostitutes working and living in Malta.

Before 1888, another debate in the Council of Government revealed plans for further impeding the liberty of prostitutes in Malta. In a sitting on 26 March 1879, a motion was tabled in Council to adopt a report of the select committee on prostitutes. Although there is no existing copy of this report today, the debate of the

²¹¹ Cassar, *The Medical History*, p. 230.

²¹² The Crown Advocate position was decided by the *Sessional Papers of the House of Lords Vol. VII on the subjects of British Guiana, India and the Affairs of Malta*, (London, 1839), p. 63, to be filled by a Maltese lawyer. For thirty years (until 1880) it was filled by Sir Adrian Dingli, a Maltese lawyer and an anglophile. In this case, (in 1888), Mr Alfredo Naudi was the Crown Advocate and he was well aware of the controversy around the CD Acts at the time and the reasons for their repeal in Britain. As I explain in the Introduction of this thesis the ex officio members of the Council of Government in Malta were all staunchly in favour of imperial rule and well known anglophiles. Their allegiance in the Council was crucial for the Maltese Government to move ahead with British policies. The official members (of which the Crown Advocate and the Acting Auditor General were members) had one seat majority over the elected members. This ensured that despite opposition the British Government could pass bills and enact laws without the support of the elected Maltese members. Most of the official members were Maltese. As explained further in Chapter 4 not all colonial subjects had the same allegiances, not all subjects were necessarily against imperial rule and a good part of the population (including leading politicians and heads of departments) were anglophiles with strong ties with England.

council clearly delineated the places prohibited to these prostitutes in Valletta.

Prostitutes were prohibited:

from passing from certain streets of Valletta and Floriana on any day from 2 till 7pm... prohibited passing at any time from any where there is a [religious] procession... prohibits them from going to superior or inferior Barracca of Valletta or to stay or walk through Piazza Regina, the Maglio or the Argotti Gardens... from occupying in any theatre or other place of public amusement, seats except those assigned to them by Police... [and] from going into any place destined for divine worship when the Chaplain or Rector of that place orders them to clear.²¹³

Map 2.4 (above) depicts how prostitutes were restricted from big areas in Valletta and Floriana. In the Council's report more restrictions were imposed on these women. In the same sitting the Chief Secretary voiced his opinion and criticised these measures as 'harsh and unnecessary'. But also during this sitting the Crown Advocate accepted this motion and argued:

that such regulations tend to curtail the liberty of certain persons, and that consequently the motion tends to introduce restrictions on individual liberty, is undeniable; but the question is whether the present unlimited liberty allowed to such persons is consistent with the rights of other persons, or of the public at large. Everybody has a right to do what he pleases as long as he does not interfere with that of other people.²¹⁴

The Auditor General quoted part of the report which stated that prostitutes were prohibited from loitering at the door of their dwelling or street unless the house was situated in Strada Stretta between Strada Cristoforo and Strada San Nicola.

²¹³ TNA Malta, Parliamentary Debates, 26 March 1879, sitting no.74 pp.475-76.

²¹⁴ Ibid.

Prostitutes could also stay in front of their houses if they lived in Strada Sant'Anna. The Auditor General asked whether pushing prostitutes to certain areas of these cities would not injure the value of the properties in these localities. The answer of the Crown Advocate revealed how several Honourable Members of the Council were more interested in safeguarding their properties and the areas they inhabited within Valletta than the well-being of the citizens of the city more generally.²¹⁵ This motion was agreed to and these laws were ultimately passed.²¹⁶

The forced medical inspections and compulsory detainment of prostitutes in the lock hospital are strongly reminiscent of quarantine, and particularly the medical inspections in the harbours and the isolation of contagiously diseased people in quarantine establishments. Although these women were most probably never isolated in a lock hospital on a faraway island, they were threatened with prison if they escaped or did not comply with the hospital's confinement regulations. In Malta, the two larger hospitals established as lock hospitals or wards were all set apart from the main general hospital. After the promulgation of the 1861 Ordinance, the Lock Ward was administratively cut off from the Female Surgical Subdivision of the Central Hospital and kept under strict surveillance. In April 1910 these patients were moved to a ward attached to the Poor House at Mghieret and the Lock Hospital remained there until the repeal of the CD Acts in 1930.²¹⁷

Forced medical inspections and compulsory isolation, all seem to confirm Michel Foucault's paradigm of power. Regulationism in both England and the Empire, brought prostitutes under institutional and gender power. Prostitutes in Malta and the Ionian Islands were very well controlled, so much so that they were

²¹⁵ Ibid., pp. 479-82.

²¹⁶ However, it is not clear how these rules were implemented and whether they were eventually carried through.

²¹⁷ Cassar, *The Medical History*, pp. 232-34.

used as prototypical examples of how regulationism should work. The medicalisation of power was also inherent in Malta because the British rulers used control of venereal diseases as a rationale to control prostitutes, their bodies and their illnesses. Historians have been using Foucault's theoretical frameworks to understand how power shaped women's bodies.²¹⁸ Although Foucault was strangely silent on colonialism, his works on sexuality and institutional power are frequently used in postcolonial works to understand the way the female body was governed.²¹⁹ Foucault analyses prostitution using three different points. The first point is the most commonly known and most commonly engaged with – the practice of 'biopower' by the state onto its subjects. In these Mediterranean islands, the British used institutional intervention in the form of regulationism for political purposes and imposed it on a few selected bodies. His second point is the importance of the technologies of 'normalisation'. Prostitutes, viewed as 'social anomalies', were isolated and attempts were made to 'normalise' them using medical inspections and lock hospitals. The final point Foucault makes is about the exertion of power through architectural structures and regional isolation. 'Houses of ill-repute' were often confined to certain parts of the cities or the islands and they were regulated with permits and required to self-support the sex work industry of the country through taxes.²²⁰

Foucault's thoughts about power were analysed by Philip Howell in his study of prostitutes in colonial Hong Kong. This study is particularly relevant to the

²¹⁸ Sawicki, 'Foucault and Feminism', pp.23-36, Nancy Hartsock, 'Foucault on Power: A Theory for Women?' in *Feminism/Postmodernism*, ed. Linda Nicholson (New York and London, 1990), Sandra Bartky, 'Shame and Gender', *Feminism and Domination: Studies in the Phenomenology of Oppression*, (New York and London, 1991), Monique Deveaux, 'Feminism and Empowerment: A Critical Reading of Foucault', *Feminist Studies Journal* 20(1994), pp. 223-47, Lois McNay, *Foucault and Feminism: Power, Gender and the Self* (Cambridge, 1992), Margaret A. McLaren, *Feminism, Foucault and Embodied Subjectivity* (New York, 2002).

²¹⁹ Robert Young, 'Foucault on Race and Colonialism', *New Formations* 25(1995), pp. 56-65.

²²⁰ Foucault, 'The History of Sexuality'.

Mediterranean islands because prostitutes were treated similarly by the British forces. Although the strong links and issues related to race are not particularly applicable to the Mediterranean, Howell suggests that there were very strong links to Foucault's analysis of power.²²¹ He argues that Britain experimented on regulationism in the colonies before attempting to pass the ordinance in England. The rationale for imposing regulationism in the colonies was to help keep the armed forces as free as possible from venereal diseases. Howell claims that although imperialism and H.M.'s forces propagated venereal diseases and prostitution in Hong Kong, colonial sources never addressed the role that colonialism played in promoting sex work.²²² From the correspondence between the Colonial Office and the High Commissioner in Cyprus during 1880 and 1881, there was a tacit agreement that prostitution in Cyprus radically increased when British troops came to the island. On 19 January the Colonial Office remarked that:

the increase of venereal cases... is startling. Cases treated in 1879, 33... in seven months of 1880, 166. If the Sanitary Commissioner [Dr Barry] is right... the regulations of prostitutes have always been recognised by eastern nations as allowable, ought we because England has not done so, to administer Cyprus in such a way as to allow this horrible scourge to ravage the island?... For we shall be depriving the inhabitants of a prostitution which they had before our coming, which the evil is increased by the attraction caused by the presence of British soldiers.²²³

Another important point made by Howell is the relationship between venereal diseases, the enactment of the CD Acts and the mixed-race problem faced

²²¹ Philip Howell, 'Race, Space and the Regulation of Prostitution in Colonial Hong Kong', *Urban History* 31 (2004), pp. 229-48.

²²² Ibid., p.236.

²²³ TNA, Public Record Office, CO 67/13, Edward Wingfield to Lord Kimberley, 19 January 1881.

by the British colonialists. He claims that children fathered by English troops and borne by Asian girls blurred the racial boundaries which the British were so keen to preserve.²²⁴ The problem of racial boundaries never became an explicit discussion point for the local British authorities in Malta, the Ionian Islands and Cyprus, during this period. However, in the Cyprus correspondence about prostitution during 1880 and 1881, allusions are made to the need to understand the ethnic medicalisation of the 'others'. The Sanitary Commissioner, Dr Barry, commented that 'the objections urged by moralists against the registration or recognition of prostitutes will not hold good amongst eastern nations amongst whom the question has been regarded in a different light to what it is in England from the time of Abraham to the present day'.²²⁵ Although Barry did not go into detail concerning the different beliefs of the eastern nations towards sexuality and prostitution, he alluded to a stark difference of opinion between the eastern nations and 'moralists' back in England.

The discussion about eastern prostitutes became an administrative problem as well. In a letter the High Commissioner Biddulph complained to the Secretary of State about foreign prostitutes coming mainly from Beyrout. These prostitutes were turned back and the steamers were paid a *medjidie* every time they transported a prostitute.²²⁶ The complaint also applied to the Turkish Government for its slack

²²⁴ Howell, 'Race, Space and the Regulation', p. 239.

²²⁵ TNA, Public Record Office, CO 67/17, correspondence between Earl Granville, Robert Biddulph, Frederick Barry, Frederick Heidenstam, 14 September 1880. I discuss the issue of 'race' in the introduction of this work. It should be noted however that during the nineteenth century racism was never an issue in any of the British Mediterranean colonies. The islanders were treated inferiorly as subjects but their ethnicity was never brought into question. They were not persecuted for being of 'Mediterranean' origin. The colonial rhetoric never alluded to arguments on the effeminate nature of the people (like in India) or blamed aspect of health on the 'nature' or 'ethnicity' of the people. As discussed in the Introduction of this thesis, there were only few unofficial travel books calling the Ionians or the Maltese slothful, lazy or talking politics all day. In Cyprus, however, especially as the twentieth century progressed, the British openly supported the Muslim minority and favoured them for job positions such as the police force (or as locally known, the Zaptiehs).

²²⁶ A *medjidie* is a silver coin of Turkey formerly rated at twenty *piastres*, but since 1880 at nineteen, *piasters* (about 83 cents), Noah Porter, *Webster's Revised Unabridged Dictionary* (Massachusetts, 1913).

attitude towards Syrian prostitutes leaving the country.²²⁷ In Malta similar complaints were voiced in the Council of Government by the Hon. Members against foreign prostitutes 'found to import immoral novelties'. When entering Malta, women (unless British subjects) were asked about their means and how they proposed to live in Malta. These women were required to come under financial security so that they did not become a burden to the public. If these women found someone who owned more than £200 (monetary value or land value) and who was willing to become their guarantor, the Police accepted his surety and the woman was admitted to the country. This surety was asked of anyone who was not a British subject. Therefore in Malta there was no way of keeping prostitutes out of the island unless they lacked a guarantor or a surety for the duration of their stay in the islands.²²⁸

The history of the regulation of prostitution and venereal diseases in the Mediterranean reflects the preoccupation of the British rulers with sexuality, morality and the need for healthy troops within the garrisons. But the regulation of prostitution in the Mediterranean islands, like the continent, had been in place in some form or another for centuries before the British were initiated into the whole business of controlling venereal diseases for the sake of keeping their troops healthy. This section dealt with how regulationism was enforced in different British colonies. Law makers within the British Empire took into account the different cultural attitudes to prostitution. Regulation of prostitutes in the British Empire was not the same everywhere. Policy makers were also mindful of public opinion back in England especially when the cry for the repeal of the ordinances became persistent

²²⁷ TNA, Public Record Office, CO 67/17, correspondence between Earl Granville, Robert Biddulph, Frederick Barry, Frederick Heidenstam, 14 September 1880.

²²⁸ TNA Malta, Parliamentary Debates, 26 March 1879, sitting no.74, pp. 482-83.

towards the end of the nineteenth century. The resistance to the repeal in some colonies like Malta created embarrassment for some colonial authorities.

Cordons Sanitaires

Most dictionaries agree that the term *cordon sanitaire* was first used during mid-nineteenth century and denoted a line of quarantine to keep away undesirable diseases or people carrying those diseases.²²⁹ Governor Maitland's containment of the plague on Malta, Corfu and Cephalonia involved placing a cordon of soldiers around the infected areas. He explained in detail the effective measures of the cordon in 1816 in his correspondence with Lord Bathurst.²³⁰ During the late nineteenth and beginning of the twentieth century the term *cordon sanitaire* acquired a different, more abstract meaning. Therefore, I will move away from the dictionary definition of the term *cordons sanitaires* to discuss containment in a more abstract way. For contagionists, the most effective method of segregation and controlling contagious diseases was to implement *cordons sanitaires*. The French, the British and the Italians were very keen to establish a boundary between the West and East, and African countries. My argument here is that these small islands in the Mediterranean served as one big *cordon sanitaire* for the European powers. Large quarantine stations existed in Marseilles, in Leghorn and other places in Italy and also Britain, although the latter never maintained its stations for a long period of time. But these were not enough. The majority of the islands in the Mediterranean had lazarettos (with smaller ones being designated as a whole island lazaretto like Lazaretto Island or

²²⁹ Some of these are Oxford Dictionary and Collins Dictionary. I also found mentioning of this word in some articles and in the Annual Registers of World Events of 1822.

²³⁰ TNA, Public Record Office, CO 136/5, from Thomas Maitland to Lord Bathurst, 27 February 1816.

Aghios Dimitrios near Corfu). Malta, the Ionian Islands, Cyprus and Gibraltar were under British rule and all had permanent stations. Other island stations in the Mediterranean were Molita near the Dalmatian coast, Spinalonga in Crete, the small island of Asinara off the coast of Sardinia, Minorca and quarantine stations in Sicilian ports like Messina. Within the British Empire, Malta, the Ionian Islands and Gibraltar were considered as the main island quarantine stations destined to hold strong against the first bouts of plague, cholera or yellow fever.

The Mediterranean quarantine stations under British rule were exposed to plague, cholera and yellow fever on a regular basis. Yet they were also under constant scrutiny from the politically-dominant Italian and French boards of health. These islands, rather than the ports of Marseilles or Genoa, had a constant stream of vessels whose last port of call was either in the Maghreb, in Egypt or on the East coast of the Mediterranean. At the time most of the Maghreb and the Mediterranean coast of the Ottoman Empire were seen as plague-endemic. Furthermore, English navy or merchant vessels coming from India were routinely blamed by European powers, especially France, for introducing the various cholera epidemics (especially the 1865 epidemic) into Europe. Due to the nature of nineteenth century steam vessels, few could go beyond the islands of Malta, Cyprus, Ionian Islands or Gibraltar to serve quarantine in another European port like Venice or Genoa. If a ship touched at Alexandria, the next port of call towards England was likely to be Malta or Gibraltar (and sometimes Sicily). As discussed above, each vessel needed to carry a bill of health. Yet even if the vessel carried a good bill of health from Tunisia or Alexandria, it could still be required to serve some days in quarantine in Malta. The reason for this was based on international information about disease in a particular country, i.e. the Maltese board of health would have acquired information

that there were rumours of plague stricken areas near the port or the city of Alexandria. While the vessel was en route from Alexandria to Malta, the Maltese board of health would have imposed few days of quarantine (as befitting the information received) and when the vessel touched at the Grand Harbour it would be held for few days in the Marsamuscetto Harbour. Once the good bill of health was given to the vessel, it could touch other ports in Europe without being held up in quarantine once again. Yet if the Maltese board of health was not deemed sufficiently stringent by the Italian or French authorities, the Maltese good bill of health would be nullified and another quarantine would be ordered against the same vessel: meaning that one vessel would be held in quarantine in the Mediterranean twice instead of once, making its journey longer, cargos rotting and travellers angry. Of course, in the case that Malta was officially declared by the British Government as infected, vessels daring to touch at Malta would have to undergo quarantine in another 'clean' port before continuing to their destinations. In such cases almost all commerce would cease with the infected island, making it especially harder for the population to survive on the meagre food and livestock supplies.

The most frequent shipping routes touching at Malta and Gibraltar were from India bound to one of the English ports. With the opening of the Suez Canal in 1869 a 11,560 nautical mile trip from Bombay to Liverpool round the Cape of Good Hope was reduced to just 5,777 nautical miles when passing through the Suez Canal. The Canal was almost exclusively for steam vessels as the Red Sea was notoriously difficult for sail vessels to navigate and some were reported wrecked just south of the Suez. Another added benefit for steam vessels passing through the Suez Canal was the availability of coal at Gibraltar, Malta and Port Said. Thus vessels could save space by securing coal at more frequent intervals, using the saved space to

carry cargo instead. The moderate rates for coal in these coaling stations made it even more attractive.²³¹

As mentioned in the above sections, all types of measures were taken against contagious diseases and the European powers frequently discussed quarantine and its management on these islands. Authorities not only tried to control their own quarantine ports and stations but actively participated in the policy making of these islands' quarantine regulations and measures. From 1851 onwards, the International Sanitary Conferences, were aimed at opening a dialogue between authorities and policy makers of countries in the north and South of the Mediterranean. It was as if a big dividing *cordon sanitaire* was drawn around the Mediterranean Sea using these small ports as the first line of defence against the 'undesirables' and the 'contagious'. The need to control disease in the Mediterranean by drawing a *cordon sanitaire* around the Mediterranean Sea extended to lepers and prostitutes. As a *cordon sanitaire* these islands were part of the defensive and prophylactic measures taken by English authorities to safeguard the metropole from such diseases.²³² Prostitutes and lepers were also considered as having contagious diseases (albeit not as infectious as cholera). In August 1889 the Major General under the Administering Government in Cyprus promised the Secretary of State Lord Knutsford to issue an order prohibiting any landing of lepers in Cyprus in the future.²³³ Thus, Cyprus became the focus of the authorities' attention, a place from where segregation could be effected

²³¹ Max E. Fletcher, 'The Suez Canal and World Shipping, 1869-1914', *The Journal of Economic History*, 18(1958), pp. 558-9. For more on Suez Canal see Valeska Huber, *Channelling Mobilities: Migration and Globalisation in the Suez Canal Region and Beyond, 1869-1914* (Cambridge, 2013).

²³² British authorities used both the Mediterranean quarantine system and other preventive measures in ports in England to prevent cholera epidemics in Britain. Britain's position as an island involved in international trade was a crucial factor in her cholera preventive measures. Britain's successful avoidance of cholera epidemics after 1866 made her the leading nation in combatting cholera. For more on the sanitary measures and the cholera epidemics in England see Anne Hardy, 'Cholera, Quarantine and the English Preventive System, 1850-1895', *Medical History* 37(1993), pp. 250-69.

²³³ TNA, Public Record Office, CO 67/62, from Major General Administering Government to Lord Knutsford, 10 August 1889.

and disease stopped. Authorities in Cyprus had difficulty in preventing pilgrims or other vessels from landing on the various shores around Cyprus and thus avoiding checks on their bills of health. This was an instance when individuals actively sought to escape the quarantine infrastructures, or rather as described by Alison Bashford, the demarcated border of the island. Mounted guards were sent to patrol the coast from Famagusta to Limassol and took all precautions to prevent pilgrims coming from Mecca from landing on Cyprus' shores outside quarantine areas.²³⁴ Almost invariably these pilgrims took irregular means of transport leaving Beyrouth for Cyprus. Regular steamers refused to carry them due to the risk of contagion and the risk of being held in quarantine in Cyprus upon their arrival.²³⁵

An interesting report by the quarantine Captain Luigi Casolani in 1849 combined three different arguments. He discussed the importance of Malta and other islands in controlling these diseases and controlling their quarantine stations. He also insisted that the only way forward for Malta was to reduce the strict quarantine measures in order to attract more travellers to Malta and more merchants. Some of his medical views on the transmission of contagious diseases like cholera, yellow fever and the plague were in conformity with the European anti-contagionists arguments. As early as 1849, he hinted at the need for reform of the quarantine system. Casolani also gave a report on the reputation of the North African quarantine stations and the need to relax the quarantine measures in the Mediterranean stations, especially the ones contiguous to the Maghreb. Finally he

²³⁴ TNA, Public Record Office, CO 67/81, correspondence between Marquess of Ripon, Walter Sendall and Frederick Heidenstam, 6 September 1893.

TNA, Public Record Office, CO 67/81, from Frederick Heidenstam to Marquess of Ripon, 24 September 1893.

²³⁵ TNA, Public Record Office, CO 67/81, from Walter Sendall to Marquess of Ripon, 18 October 1893, TNA, Public Record Office, CO 67/81, from Walter Sendall to Marquess of Ripon, 6 September 1893.

also hinted at the need of the Western powers to stop segregating these countries politically and economically simply because of the inherent belief that some of these diseases like the plague were believed to be indigenous to these countries.

Coincidentally, Casolani's words echo Foucault's claim that power emerging from the cultural knowledge of the Orient, allowed the colonialist (or the British authorities in this case) to redefine and ultimately control Oriental peoples. In this case, the knowledge possessed by the British imperialists about indigenous diseases in these countries, gave them enough power to monitor and boycott these harbours. In another sense, this was also part of a pecking order between Mediterranean harbours.

Casolani argued that the lazarettos and the boards of health in Greece, Constantinople and the Barbary Coast had been free from the plague for many years due to the vigilance of the authorities in these countries. He quoted Dr Grassi the Chief Physician of the Board of Health in Alexandria as saying:

During 25 years that I have been an inhabitant of this country, I have witnessed, besides a number of attacks of the plague, that very frightful epidemic, the cholera, and I have seen many overflowing of the Nile, which have not been the forerunners of such misfortunes. I therefore take upon myself to say that Egypt never was, and never will be the cradle of the plague and that in every instance of an attack of the plague it has always been imported, as in other places. And as this disease is become exhausted everywhere, it is no longer to be feared in Egypt. Thus therefore who have been alarmed by such wicked predictions, may be assured and persuaded that the one disease is quite unlike and independent of the other, and that there is

no element or conjunction of elements that can again generate or develop the plague in Egypt or elsewhere.²³⁶

Casolani believed that the boards of health in the Levant were vigilant and would punctually advise the Maltese and British authorities of new diseases in the region. In this report Casolani advised the British authorities to relax quarantine rules in this *cordon sanitaire* in the Mediterranean and leave the Levant and the Maghreb to become the new *cordon sanitaire*, far enough from the Mediterranean islands but near enough to benefit from the Levant's and Maghreb's trade. This report dealt with a controversial issue and provided a new point of view, very different from the mainstream policies that the British Government implemented at the time. Timing was not on Casolani's side. Coincidentally, this report came ahead of the 1865 cholera bout which was reportedly imported into the Mediterranean via Egypt.

Towards the close of the nineteenth century, changes started to be implemented in the quarantine system and by 1904 the *Australasian Medical Gazette* reported that 'it would appear from the recent events in Europe, that the old practise of quarantine... [was] likely to pass away in the near future'.²³⁷ The *Gazette* might have referred to the abolition of quarantine in England in 1896 and the subsequent relaxation of the quarantine in the Mediterranean but historian John Booker argues that Mediterranean quarantine in this period was not abolished but merely being transformed into medical inspection.²³⁸ John Booker discusses how Giovanni Bussolin, the director of quarantine in Trieste in Italy in the nineteenth century, was confounded by the lack of enthusiasm by the English for quarantine in England and

²³⁶ TNA, Public Record Office, CO 158/146, report sent from Casolani to Richard More O'Ferrall, 1 June 1849. Casolani is quoting from F. Grassi, 'Relazione e Riflessioni sul Cholera Indicano che ha Regnato in Egitto l'anno 1848; con nota della Redazione degli Annali sull'Itinerario del Cholera nella sua Nuova Escursione', *Annali Universali di Medicina*, 32 (1848), p.48.

²³⁷ *Australasian Medical Gazette* (Sydney, 1904), p.167

²³⁸ Booker, *Maritime Quarantine*, p.548

around English shores. Booker argues that the Privy Council never interfered with quarantine in Malta and decided that the local inhabitants and authorities knew best.²³⁹ However, this explanation does not clarify why English military Governors based in Malta had almost total authority to change, amend and implement quarantine measures. The islands had their own boards of health but the Governors had unprecedented access to the meetings, minutes and decisions taken. Ultimately, the Board of Health in Malta was an advisory board to the Governor who either agreed with the Board's advice or overruled it. This brings into perspective the importance of quarantine in these Mediterranean islands for the British imperial interests. Well into the last decades of the nineteenth century, the Mediterranean was still being considered the *cordon sanitaire* for British imperial and national interests and while quarantine was abolished in England, it was retained by local British and Maltese authorities in Malta until it died a natural death in the next few decades.

Colonial Subjectivities

So far I have discussed the way quarantine was imposed and how prostitutes and lepers were carefully isolated. I have examined how these systems worked and how the different national and regional elements affected the islands' regulations of quarantine, leprosy and prostitution. This analysis might wrongly give the impression that the colonial subjects were the passive objects of colonialism. In the established fields of colonial studies a great deal of emphasis has always been placed on the hegemonic forms of control upon the colonised.²⁴⁰ The study of colonial and post-colonial subjectivities focuses on the impact that various colonial projects left

²³⁹ Ibid.

²⁴⁰ Bernard S. Cohn, *Colonialism and its Forms of Knowledge: The British in India* (Princeton, 1996), Arnold, *Colonising the Body*, David Arnold, *Imperial Medicine and Indigenous Societies* (Manchester, 1988).

on the colonised subjects. The study of colonial Governmentality is linked to the Foucauldian thesis that Governmental structures exerted an overarching power over the subject. This view denotes a passive subject with no means of controlling administrative policies and with no power to overrule the decisions of the colonial authorities.²⁴¹ However, recent works like those of James C. Scott have increasingly turned their gaze towards the examination of everyday or commonplace forms of resistance in the behaviour, traditions and customs which persist throughout the colonial period. Studies aimed at giving a voice to the subaltern has been varied, from the Subaltern Studies Collective to feminists' understanding of power in the context of prostitution and gender histories.²⁴²

This section will highlight and bring forth the instances where the islanders negotiated, repelled and argued against local British regulations of quarantine, rigorous compulsory medical checks for prostitutes and the total segregation of lepers. Of course proof of such reactions is difficult to come across and when found in archives, they come amidst a myriad of political and economic responses to the Government or the ruling elites. I came across many of such 'complaints' in the official reports sent by the Governor or High Commissioner to the Colonial Office. It is surprising to read almost identical reactions by the different islanders when faced with the news of bouts of contagious diseases.

Emotions ran high when news of the cholera outbreak reached the islands. Reports from the High Commissioners and Governors to the Colonial Office describe different instances when anger and fear gripped the local islanders which

²⁴¹ Paula Pannu, 'An Invasion on the Mind? A Study of the Malay Subject under the Colonial Governmentality of British', in Paula Pannu (ed) *Kontur: Culture, History, Politics – Tidsskrift for Kulturstudier*, 22 (2011), p.44.

²⁴² Most relevant to this work: Lois McNay, *Foucault and Feminism: Power, Gender and the Self* (Cambridge, 1992), Hodges, 'Looting' the Lock Hospital', pp. 379-98, Chircop, 'Old Age Coping Strategies', pp. 51-73.

caused anxiety to the Governors and High Commissioners. In September 1837, in his correspondence to Sir Howard Douglas (High Commissioner of the Ionian Islands), Lord Glenelg cautioned Douglas about the dangers of enforcing quarantine measures. He warned that:

in deciding on the extent to which Quarantine Regulations are to be enforced in any country, it is certainly necessary to have regard not merely to the danger which may really consist of contagion, or to the efficiency of Quarantine as a Security against that danger, but also to the popular opinion on the subject. By acting in opposition to that opinion, the Government might contribute to the propagation of alarms, the most dangerous to the public health as well as to the public tranquillity as the undoubted effect of a panic of that nature is to predispose the human constitution for the reception of diseases, and to aggravate the danger, if the disease actually manifests itself.²⁴³

This was a sound warning which would be reiterated in the years to come by different Governors. Differences in opinion between the local inhabitants and the British Governors or High Commissioners about appropriate methods of isolation were evident in the Governors' correspondence to the Colonial Office. In 1858 Governor Le Marchant in Malta argued that in the case of the imminent danger of the oriental plague arriving in the islands, the Board of Health have consequently issued orders drafted on deep rooted opinions of the contagiousness of the disease.

²⁴³ TNA, Public Record Office, CO 136/327, from Howard Douglas to Lord Glenelg, 20 September 1837.

He argued that it would be impossible to treat the plague as a non-contagious disease because it would create the 'utmost dissatisfaction' amongst the general public.²⁴⁴

Anger, alarm and general disquiet was generated by a simple rumour that contagious disease was rife in the country. Sometimes it was exacerbated by the popularly-held belief that the local authorities were not doing enough to protect them from the disease. In 1838 the Governor in Malta informed Lord Glenelg that the 1813 plague was still fresh in people's memory and any attempt by him to relax the regulations would result in 'great alarm and discontent'.²⁴⁵ In 1830 Sir Henry George Ward complained to Earl Grey that apart from the great sufferings of the population, the situation was becoming worse due to the panic and alarm which gripped the population of Cephalonia. He blamed the medical practitioners for the state of Cephalonia. He believed that they disseminated the rumours that cholera was highly infective as 'an excuse for their own cowardice'. He claimed that the medical practitioners themselves were alarmed by the disease and they refused to attend to patients. When forced by the Government, under the threat of fines and the withdrawal of their diplomas, they shut themselves in their houses.²⁴⁶ In other parts of the Ionian Islands old stories of poisoned wells became widespread. The cholera of 1850 evinced mixed emotions in Corfu and Cephalonia. In Corfu local public opinion ascribed this evil to the lack of precautions taken by the Government whilst in Cephalonia the local anti-English press denied the existence of the disease and 'declared it to be only a pretence, devised by the Lord High Commissioner, and

²⁴⁴ TNA, Public Record Office, CO 158/185, from Gaspard le Marchant to Edward Bulwer-Lytton, 13 August 1858.

²⁴⁵ TNA, Public Record Office, CO 158/101, from Henry Bouverie to Lord Glenelg, 30 August 1838.

²⁴⁶ TNA, Public Record Office, CO 136/137, from Henry George Ward to Earl Grey, 7 October 1830.

his friends, to complete the ruin of Cephalonia by imposing another embargo.²⁴⁷

The local newspapers attacked the Government and fuelled anti-Government anger amongst the population.

The High Commissioner John Young was similarly accused by the Ionian newspaper in 1858.²⁴⁸ Other local authorities often came under attack by the local press. In 1878, the *Malta News and Independent* published the story that three cases of smallpox were reported in Strada Carmine in Valletta. The Chief Police Physician, Dr Ghio and the Board of Health were held responsible for ‘the utter carelessness of our so-called Board of Health, coupled with the utter inefficiency of the Chief Police Physician’.²⁴⁹ Dr Ghio was again the subject of ridicule in July 18 1883 by the same newspaper. The newspaper claimed that Malta had now been recognised in all commercial centres of Europe as an island of paramount importance due to the ‘assumed Dictatorship’ by its Board of Health which managed to paralyse the trade and commerce of Europe and other countries at the expense of its own ‘desolation and isolation’. The newspaper also recommended that the word ‘quarantine’ should become obsolete and ‘Ghio’ should become the new word; a direct jibe aimed at the Chief Police Physician.²⁵⁰

Incidences like these made British authorities in the islands wary of the influence of changing public opinion, especially the opinions expressed by the literate individuals in local literature. Clearly, the islands’ quarantine policies did not always conform to the British formal guiding principles. British authorities altered quarantine policies to minimise public discontent. For Governors and High

²⁴⁷ TNA, CO 136/137, 20 September 1850.

²⁴⁸ TNA, Public Record Office, CO 136/161, from John Young to Edward Bulwer-Lytton, 20 July 1858.

²⁴⁹ ‘Smallpox in Malta’, *The Malta News and Independent*, 19 June 1878, p.3

²⁵⁰ ‘Ghio’ not Quarantine’, *The Malta News and Independent*, 18 July 1883, p.3

Commissioners, reducing the animosity and acquiescing to some of the local demands, was at times deemed more important than rigidly adhering to official British policies. This shows how the colonial subject was able to react and interact with the rules and procedures imposed by the British authorities and ultimately bend the official policies to such a point that authorities were pushed to recognise the people's fears, objections and local beliefs. Quarantine in these islands was intimately linked with political and economic needs and alliances. However, it was also heavily influenced by the local islanders through their public show of disapproval and disquiet.

A similar show of disapproval was mounted by the Maltese prostitutes when the medical inspection of prostitutes became compulsory through the promulgation of the 1861 Act.²⁵¹ All the prostitutes who did not want to be submitted to these inspections left the island and settled in nearby islands or ports in the Levant. This exodus of prostitutes did not trouble the members of the Council of Government. They argued that the harsher the measures were, the greater the exodus of prostitutes from the island would be, the better for Malta.²⁵² Thus, the defiant action of the prostitutes propagated further, harsher, regulations passed from the Council of Government on prostitutes who could not or did not leave Malta. However, there is one key difference between the above examples of reactions to quarantine and the reactions of prostitutes. The discourse surrounding quarantine happened between the islanders and the colonial rulers: often in the local milieu. In the case of regulationism for prostitutes, the British Government kept out of this question (especially during and after the repeal of the CD Acts) and the prostitutes' reaction was aimed at the Maltese elected members of the Council of Government. However,

²⁵¹ Cassar, *Medical History*, p. 229.

²⁵² TNA Malta, Parliamentary Debates, 5 December 1888, sitting no.22, pp. 131-64.

the harsh regulations on segregation within the city of Valletta were also passed through the Council with the help of the ex-officio members of the Government. This also indicates that the local Government was not adverse to regulationism if local elected members were in favour of it. After all, tighter control on prostitution and venereal diseases was greatly beneficial to the garrisons and the Navy.

This was not dissimilar to the situation in which lepers found themselves towards the last decade of the nineteenth century in Malta. After the enacting of Ordinance VII of 1893, male lepers were forcibly segregated into a leper asylum specially built for this purpose. By 1902, the local authorities were facing numerous escapes from this asylum. This prompted local authorities to enforce stricter measures and ensure that lepers had no physical means with which to escape.²⁵³ These actions suggest that lepers rebelled against this forced segregation. However, in Cyprus, the High Commissioner in 1900 explained to the Secretary of State that the increase in the size of the population of the Leper Farm was due 'to the greater dread of the people to the disease and to their becoming more willing that their relatives thus afflicted should be segregated, so that instead of concealing cases of the disease, they now make them known.'²⁵⁴ There is no archival evidence which explains how the Maltese lepers felt or whether they were willingly segregated. However, their escape from the leper asylum in Malta suggests that they were sure of being welcomed back within their local communities after their escape. Regardless of the reason, their actions (although hampered by the authorities) reformulated the authorities' policies in this asylum and although it became more difficult to escape

²⁵³ TNA, Public Record Office, CO 158/349, from Francis Wallace Grenfell to Joseph Chamberlain, 11 April 1902.

²⁵⁴ TNA, Public Record Office, CO 67/123, from William Haynes Smith to Joseph Chamberlain, 12 April 1900.

from the asylum after 1903, the lepers' actions clearly express a repulsion of the colonisers' efforts to segregate and isolate them from their communities.

Conclusion

In this chapter I have looked at some of the intricate arguments and discussions related to quarantine, prostitution and leprosy. Although my main focus was to examine the modes of segregation of quarantined people, lepers and prostitutes, I endeavoured to delve deeper into the history of each group of segregated people in each island, while also discussing the political and economic repercussions in a wider regional context.

Quarantine in the Mediterranean was always a thorny issue for British imperial interests. European powers bickered constantly about the best quarantine measures amidst medical assertions that cholera, plague and yellow fever were either contagious or non-contagious. They took these political agendas to the International Sanitary Congresses and their discussions show how some powers were deeply concerned by the quest for freer commerce whilst other lesser economic powers in Europe were more anxious about the terrible scourge of cholera. The commercial interest that some powers, like France and England had in the Mediterranean, had much to do in shaping the quarantine in the southern regions of the Mediterranean. However, having said this, local Mediterranean pressures on these islands left the British rulers with little choice but to enforce quarantine when it became clear that imperial interests could suffer. The British imperial stance on quarantine vacillated between the official policies and the exigencies of these small colonies. Despite the British imperative to reduce quarantine in the Mediterranean, quarantine remained

the only answer to economic and political stability. Governors had no option but to enforce quarantine or medical inspection to safeguard the commercial interests of the islands. They were also mindful of public unrest. It was very important for local authorities to deal swiftly with public fears and panic, especially at times when contagion was rampant.

Another important discussion in this chapter was the argument about segregation and isolation of 'undesirable' and 'dangerous' people. Different state agencies renewed their efforts to construct various rationales to justify segregation. Authorities were very flexible with these rationales. They segregated 'undesirable' people using the rationale of prevention and in some cases with the intention of 'normalising' these 'undesirable' people so that they were fit to be reintroduced into society once more. The rationales for segregation changed constantly according to the public or private needs of each colony. Of course, geographic isolation was the most basic and most common type of segregation. Infrastructure for both leprosy and quarantine was intentionally set up to be as distant and as far as possible from the 'free' and the 'normal' populace. If, for logistical purposes, these buildings were built within a few miles of the cities or town, these buildings invariably contained high walls, sentries and strict rules prohibiting patients or inmates in the building from freely interacting with the outside world.

Within these institutions, segregation on the basis of sex, race or on medical grounds was quite common. With the exception of prostitutes, both lepers and those sectioned in quarantine were segregated on the basis of their medical condition. Greek Cypriot lepers were also separated from the Turkish Cypriot lepers while high ranking officers or wealthy individuals were usually accorded first class quarters in

the lazaretto in Malta. Male lepers were also separated from female lepers unless they were already married. In the case of the latter, they were given married quarters.

Together with quarantine and leprosy, numerous other external factors, like economic challenges and the islanders' cultural identities, shaped the history and regulation of prostitution and made it different from other British colonies. This chapter traced the importance of the Mediterranean as a *cordon sanitaire* between Europe and the East and South of the Mediterranean. Although this cordon disappeared when quarantine became obsolete, these Mediterranean islands, together with other regional ports, were instrumental for the effective postponement of the incursion of cholera and plague in the West. The backdrop for political snubs between Mediterranean countries was the debate on the transmission of contagious diseases: the debate between contagionist and anti-contagionist. This debate was often brought up and discussed in the International Sanitary Conference but for decades these countries did not reach a consensus.

In my discussion of Foucault's paradigm of power in relation to prostitution, I also discussed the complicated nature of regulationism which had deep historical roots in some continental countries, including Malta. The Foucauldian theory of institutional power was applied to the way the British controlled sexuality and prostitution in these islands. Although the body of the segregated individual was abused in this colonial framework, this chapter shows how both lepers and prostitutes, reacted with a show of power against their rulers. Amidst political, economical and medical controversies lay the unfortunate members of society whose liberty was summarily curtailed and brusquely snatched away. Nonetheless, occasionally the colonial subject negotiated the terms of the temporary or permanent

curtailment of liberty and was ultimately an active participant in the decision-making of British authorities on the issues of prostitution, quarantine and leprosy.

2

‘Ordered South’: in the Quest for Health in the Mediterranean

Adieu, ye joys of La Valette!
Adieu, sirocco, sun, and sweat! ...

Adieu, thou damned’st quarantine,
That gave me fever, and the spleen!...

I go - but God knows when, or why,
To smoky towns and cloudy sky,
To things (the honest truth to say)
As bad - but in a different way...

And now, O Malta! since thou’st got us,
Thou little military hothouse!...

Return to scribbling, or a book,
Or take my physic while I’m able
(Two spoonfuls hourly by the label),
Prefer my nightcap to my beaver,
And bless the gods I’ve got a fever.²⁵⁵

Entitled ‘Farewell to Malta’, this poem was written by Lord George Byron in May 1811 before leaving Malta. It was intended as a small token for his friends, not for wider circulation or publication. But soon enough this poem came to the attention of the High Commissioner of Malta who, reputedly, was ‘in a pucker’ over it.²⁵⁶ The

²⁵⁵ An extract from the poem ‘Farewell to Malta’ by George Byron in George Byron, *The Poetical Works of Lord Byron* (Philadelphia, 1839), p. 246.

²⁵⁶ George Byron and Leslie A. Marchand, *Byron’s Letters and Journals, ‘Famous in my Time’, 1810-1812* (Vol.2, Cambridge, 1973), p. 126.

poem mentioned the *scirocco* wind, the fevers, the quarantine and made reference to the ague (and as a consequence the enlarged spleen) from which Byron suffered. The poem was not intended to belittle the island but to describe Byron's sojourn in a tongue-in-cheek style. In the poem, Byron compared the island with England: a comparison of healthy and unhealthy climates was typical of contemporary travel literature. Byron was not the only author to mention the Mediterranean region in poetry or prose. Besides the large body of travel literature, a huge number of travel accounts were produced during the eighteenth and nineteenth centuries.²⁵⁷ As in Byron's poem, different Mediterranean areas were frequently compared with England as well as with each other. Many of these accounts enlisted the medical and salubrious merits of each region or country.²⁵⁸

In a similar way to Chapter 1, this work focuses on the islands in the Mediterranean within the context of this region and set against European and imperial backdrops. This chapter will address two very different 'movements'. The first 'movement' analyses the journeys undertaken by patients seeking relief or cure in a warmer and more beneficial climate in the Mediterranean. In the second half of the chapter, the discussion turns to health in the Mediterranean colonial islands in an imperial context, using particular examples to illustrate the British perception of

²⁵⁷ Works like: George Cockburn, *A Voyage to Cadiz and Gibraltar up the Mediterranean to Sicily and Malta in 1810 and 1811 Including a Description of Sicily and the Lipari Islands* (London, 1815), Kenelm Digby, *Journal of a Voyage into the Mediterranean* (London, 1838), William Robert Wilde, *Narrative of a Voyage to Madeira, Teneriffe and along the Shores of the Mediterranean, including a visit to Algiers, Egypt, Palestine, Tyre, Rhodes, Telmessus, Cyprus and Greece* (Dublin, 1840), Elizabeth M. Leveson-Gower, *Narrative of a Yacht Voyage in the Mediterranean during 1840-41* (2 vols, London, 1842), Esmé Scott-Stevenson, *On Summer Seas* (London, 1883), William E. Barton, *The old World in the new Century: being the Narrative of a Tour of the Mediterranean, Egypt and the Holy Land, with some Information about the Voyage and Places Visited* (Boston and Chicago, 1902).

²⁵⁸ Gustavus Richard Brown Horner, *Medical and Topographical Observations upon the Mediterranean: and upon Portugal, Spain and other Countries* (Philadelphia, 1839), James Henry Bennet, *Water and Spring on the shores of the Mediterranean: or, the Riviera, Mentone, Italy, Corsica, Sicily, Algeria, Spain and Biarritz as Winter Climates* (London, 1870), Edward I. Sparke, *The Riviera: Sketches of the Health Resorts of the North Mediterranean Coast of France and Italy from Hyères to Spezia* (London, 1879), Thomas Cook and Sons, *Cook's Handbook to the Health Resorts of the South of France, Riviera and Pyrenees* (London, 1905).

health in these islands: namely the Cyprus hill station (the only one in the Mediterranean) and the discovery of the *Brucellosis Melitensis* in Malta. These two examples showcase the Victorian perceptions of the islands' climate, notably the insalubrious climate for the garrison.

Analysis of colonial discourses and the private experiences of health travellers produce a stark contrast. Similar to the creation of a *cordon sanitaire* in the Mediterranean (as discussed in Chapter 1), the island colonies reveal a divided Mediterranean region: salubrious resorts to the north of the Mediterranean Sea and fever-ridden colonies in the South. After careful analysis of the colonial documents and travel journals, it is clear that Victorians did not perceive the Mediterranean as a homogeneous region with a shared culture, politics and landscapes. The historians Purcell and Horden, Blais and Deprest and Yaacov Shavit argue that the term 'Mediterranean' was first used by Victorian British geographers, who had the tendency of viewing the Mediterranean region as one whole region with many similar aspects in their culture and politics.²⁵⁹ This research indicates that both the British imperial authorities and the Victorian medical cohort did not perceive the Mediterranean islanders as similar to other regions in the Mediterranean. The word 'Mediterranean' is never used in the primary sources to discuss the islanders or the islands. It is almost exclusively used in relation to the Mediterranean Fever. Stories of fevers and unhealthy conditions in the Mediterranean colonies were published in journals, such as the *British Medical Journal* and these would have caught the attention of the medical profession and policy makers in England. Similarly medical travellers could consult the articles published in the medical journals and books written by the

²⁵⁹ Blais and Deprest, 'The Mediterranean', p.33, Shavit, 'The Mediterranean World', pp. 96-117, Horden, 'Mediterranean Excuses', p. 26.

medical profession on particular resorts or spas.²⁶⁰ Thus this body of literature would have helped promulgate the notion of a dangerous southern Mediterranean climate. The medical profession and travellers would have been aware of unfavourable colonial health reports, and moreover Victorian scholars and literary writers would have also known of the unhealthy conditions in the south of the region as opposed to the salubrious climate to the north of the Mediterranean.²⁶¹

This chapter combines travel accounts of health travellers with colonial reports and correspondence. Most of the existing literature deals with either the medical travellers ‘going south’,²⁶² or it focuses on colonial epidemiology and environmental uneasiness²⁶³. I believe that this aspect of Mediterranean history cannot be fully understood unless both contexts (civil and military/naval) are analysed in tandem. In the secondary literature historians tend to make a definite distinction between the study of colonial environment and climate and the study of spas and resorts. However, primary sources, in particular the travel and medical books which describe the Mediterranean climate certainly did not adhere to this dichotomy, and frequently provided medical data compiled in the colonies, to

²⁶⁰ Works like: Francis F. Sankey, *Malta Considered with Reference to its Eligibility as a place of Residence for Invalids. To which is added a brief Directory for the use of Strangers Visiting the Island* (Malta, 1843). Hennen, *Sketches of the Medical Topography*; William S. Playfair, ‘The Insanitary Condition of Continental Health Resorts’, *Lancet*, 123(1884), p. 273.

²⁶¹ ‘Tubercular Meningitis’, *The British Medical Journal* 1(1884), p. 1838, ‘Malta as a Health(?) Resort’, *The British Medical Journal* 1(1885), p. 263, ‘The Climate of Cyprus’, *The British Medical Journal* 2(1878), p. 110, Charles Theodore Williams, ‘Lettsomian Lectures on the Influence of Climate in the Treatment of Pulmonary Consumption’, *The British Medical Journal* 1(1876), pp. 186-88, Charles Theodore Williams, ‘The War and Winter-Stations for Invalids’, *The British Medical Journal* 2(1870), pp. 482-83, ‘Notes on Health Resorts – Corfu’, *The British Medical Journal* 2(1896), p. 1044, ‘Sanitary Condition of Malta’, *The British Medical Journal* 1(1897), pp. 1237-38, ‘Special Correspondence from Liverpool’, *The British Medical Journal* 220(1865), pp. 279-81.

²⁶² John Pemble, *The Mediterranean Passion: Victorians and Edwardians in the South* (Oxford, 1987), Chloe Chard, *Pleasure and Guilt on the Grand Tour: Travel Writing and Imaginative Geography 1600-1830* (Manchester, 1999); James Buzard, *The Beaten Track: European Tourism, Literature and the ways to Culture 1800-1918* (Oxford, 1993), Ernest Sackville Turner, *Taking the Cure* (London, 1967).

²⁶³ Anthony King, *Colonial, Urban Development: Culture, Social Power and Environment* (London 1976), Biswamoy Pati and Mark Harrison, *Health, Medicine and Empire, Perspectives on Colonial India* (New Delhi, 2001), Harrison, ‘Science and the British Empire’, pp. 60-61.

substantiate their various arguments. I will discuss this link later on in the chapter to show that, contrary to the way historians address the history of health in the Mediterranean today, nineteenth-century medical literature and travelogues incorporated different sorts of data, including morbidity and mortality statistics harvested from the Mediterranean colonies.

By evaluating both the accounts of medical tourists and the colonial letters and registers I aim to acquire a better understanding of British perceptions of the warm, benign, yet also potentially dangerous, Mediterranean. The theme of dangerousness runs in many works aimed at medical travellers. Most of the literature concerning Malta, the Ionian Islands and Cyprus, dealt with lists of morbidity, mortalities and discussed the injurious effects that climates could have on certain groups of patients. In this sense, this is a story of geographical regions that troops and invalids alike avoided: of places harmful to both the sick and the healthy. It is also a story of a great difference in perceptions about the North and South Mediterranean regions.

The surviving travel books and journals tend to follow one of two opposing arguments. On the one hand, travelling to the salubrious spas and resorts (even in the north of the Mediterranean) was represented as dangerous or even fatal. The journey itself could be fraught with all kinds of danger. The encounter with foreigners and foreign cultures was often dwelled upon in travel writing and the possibility of putting oneself at risk was always a real predicament. Therefore, the main aim of the traveller was to keep danger and risk at bay. However, it was argued that motion and travelling were beneficial to the healing process sought by health travellers. Indeed, for some travellers, the journey itself was one way of enjoying the

enervating South (of Europe): not dangerous but rather beneficial and curative.²⁶⁴

The theme of risk and instability will run throughout this chapter as I explore how different geographical areas of the Mediterranean were perceived by British invalids and the Victorians in general.

Therefore, this chapter will be aimed at understanding how the southern Mediterranean climate was perceived. How far south would one need to go to encounter this ‘dangerousness’? Moreover, what part did contemporary medical literature play in this discourse of perceived ‘dangerousness’? Seemingly, the desirability of different Mediterranean resorts was based on climate, social and cultural factors. How did various British perceptions of a country’s climate change over time and how did these different views influence the success of the various Mediterranean resorts?

In order to understand the personal and medical decisions of those travelling to the continent, I will briefly engage with the large body of literature on the cultural transformation of British epidemiology, paying particular attention to hydrotherapy and balneology.²⁶⁵ This cultural transformation was amalgamated with an increasing interest in Hellenic studies and the rebirth of Hellenic culture amongst Victorian poets and writers. This interest inevitably coloured British perceptions of the Eastern Mediterranean regions. A new Victorian fashion inexorably projected the image of the Mediterranean Eastern regions as the exotic ‘Other’. This brings me to

²⁶⁴ Chloe Chard, ‘Lassitude and Revival in the Warm South: Relaxing and Exciting Travel, 1750-1830’, in Richard Wrigley and George Revell (eds.), *Pathologies of Travel* (Atlanta, 2000), p.187.

²⁶⁵ See works such as: Jill Steward, ‘The Culture of Water Cure in Nineteenth-century Austria, 1800-1914’, in Susan Anderson and Bruce Tabbs (eds.), *Water, Leisure and Culture : European Historical Perspectives* (Oxford and New York, 2002), pp. 23-35, Thierry Terret, ‘Hygienization: Civic Baths and Body Cleanliness in late Nineteenth-Century France’, *The International Journal of the History of Sport*, 10 (1993), pp.396-408, Eric T. Jennings, *Curing the Colonizers: Hydrotherapy, Climatology, and French Colonial Spas* (Durham, 2006), Roy Porter, (ed.) ‘The Medical History of Waters and Spas’, *Medical History Supplement*, 10(1990), pp. vii-xii, Hilary Marland and Jane Adams, ‘Hydrotherapy at Home: The Water cure and Domestic Healing in mid-Nineteenth-Century Britain’, *Bulletin of the History of Medicine*, 83 (2009), pp. 499-529.

the issue of Orientalism and how I will discuss it in relation to the Mediterranean islands. As discussed in the Introduction of this thesis, this chapter will examine the problem of the 'Otherness' in relation to Said's Orientalism and how relevant his notion of 'orientalism' is to the relationship established between the British and their Mediterranean 'Other' during the nineteenth century.

In this chapter, I grapple with the available sources on health and medical travel in the South of the Mediterranean. The colonial sources (mainly despatches and correspondence between the Colonial Office and the High Commissioners and Governors) are sparse on this subject, unless medical issues interfered with the main colonial duties or impinged on the health of the garrisons (such as in the case of Sanitary Reform in Malta which I will fully discuss in Chapter 4). There are precious few sources on invalids or medical travellers going to these islands during the nineteenth century. Therefore, this lacuna in sources makes it quite challenging to satisfactorily compare the North and South of the Mediterranean basin. To compensate for the lack of invalids' accounts of these islands, I consult printed primary sources, particularly those written by the medical profession, both in England and abroad. I will draw heavily on the colonial discourse and topographical data from the islands when discussing the scientific discovery of the *Brucellosis Melitensis* and the establishment of the hill station for both the troops and civilians on Troodos Mountain in Cyprus, in the final section of this chapter.

My interest is in understanding the differences, if any, between the northern and southern Mediterranean resorts and spas. Noticeably, medical travellers frequented the northern parts of the Mediterranean more than the southern parts. Reasons for the relative absence of travellers in the southern Mediterranean resorts and countries might be either found in the study of British epidemiology or perhaps

in the perceptions of dangerousness associated with ‘far away’, hot and exotic countries. How far was ‘too far’ for British medical travellers? Did British medical tourists visit the countries suggested by their physicians? Or were other places considered by patients despite the lack of information or lack of medical consensus about the medical benefits that these resorts offered?

Medical officers dispatched to these islands gathered a huge amount of raw data on common diseases which was then sent to London on regular basis. This data enabled both the local medical officers in the colonies and those in London to understand the islands’ climate and to act to prevent local fevers and epidemics. I will also examine how the British authorities (mainly the Governor, the authorities in the garrisons and the Admiralty) reacted to the climates of both Malta and Cyprus. Their reaction in Malta was to set up a medical commission to discover the source of the undulant fever which invalidated a great number of troops, whilst in Cyprus they simply abandoned the hot, dusty plains and sought higher ground in the hill station on Troodos Mountain.

This research is about the perceptions of healthiness and unhealthiness of the southern Mediterranean islands. The medical traveller’s understanding of the healthiness of these southern regions is contrasted with the colonial expectations of healthiness in the Mediterranean colonies and protectorates. I believe that by looking at both case studies together, this chapter will not only place these often neglected resorts into the limelight, but will also be generating a discussion on the perceived healthiness of the north versus the apparent unhealthiness of the South, where the latter consisted of the major colonial outposts of the Mediterranean basin.

The Re-birth of Hellenistic Cultures, the Orient and the ‘Other’

Interest in Hellenic culture and Greek antiquity in fact dated back to the second half of the eighteenth century. Before this time, Europeans looked up to the Roman and Christian inheritance. However, by the eighteenth century a search for ‘new cultural roots and alternative cultural patterns’ constituted a response to the new political and social experience that Europeans faced with the birth of the Enlightenment.²⁶⁶ The learned sectors of Victorian British population became fascinated with classical studies and the Hellenic East. The study of this movement will shed light on how the South of the Mediterranean was understood by the British.

The new European Hellenic literary and intellectual movement started around 1750 in Germany. Literary scholars, artists and historians focused on the Greek landscape as inspiration for their artistic objets d’art. Historian Frank Turner has argued that the American Revolution and the stirrings of liberal democracy pushed Hellenic culture to the fore in Europeans’ minds during the eighteenth century. For Europeans, this created a sense of affinity between modern European cultures and that of the ancient Greeks. This new culture started a few decades earlier in Germany than in Britain. In the 1780s, English writers were already engaging with the polemical writings of Greek history, much before modern Greeks started their journey towards Greek Independence in the nineteenth century. Therefore, according to Turner, writing about Greece was thus a means for Victorians to write about themselves, their own country and their country’s experiences. Those who engaged with this type of literature, characteristically

²⁶⁶ Frank M. Turner, *The Greek Heritage in Victorian Britain* (New Haven and London, 1981), p. 2

interpreted Greek history and culture in the context of the political structures and organisation of contemporary Victorian Britain.²⁶⁷

In *The Victorians and Ancient Greece* Richard Jenkyns offered a more pragmatic analysis to explain why the Victorians engaged with ancient Greece's literature, culture and politics. He proposed that the use of classical reference was purely social. Studying the classics was considered an exclusive and prestigious activity, especially among the higher classes.²⁶⁸ Jenkyns also explained how Aristotle's opinions on the greatness of Greece were much quoted by Victorians. Aristotle claimed that those living in 'the cold of northern Europe were full of spirit but short of intelligence' while the natives of Asia 'were intelligent but wanting in spirit and therefore always in subjection'. The Greeks were geographically situated between these two cultures and this gave them an 'intermediate' character, 'high-spirited and also intelligent'. The Victorians during the nineteenth century saw the British Empire expanding and were truly inspired by Aristotle's words. They compared ancient Greece with the might of their own achievements in their own country. The English climate was not 'too enervating' and it did not have 'too unclouded skies'. The English looked at the 'lazy Latins' in the South and the 'sluggish' Scandinavians in the north, and therefore, following Aristotle's explanation, they attributed their expanding fortunes to the laws of nature and climate in general.²⁶⁹

Both Turner's and Jenkyns' explanations of the Victorian fascination with Hellenic culture and studies help lay a good foundation for the discussion in this chapter of how the climate of the south was perceived by both the general public and those invalids who toured the south in the hope of a cure. It will also be relevant to

²⁶⁷ Ibid., pp. 3-8

²⁶⁸ Richard Jenkyns, *The Victorians and Ancient Greece* (Oxford, 1980), pp. 63-65.

²⁶⁹ Ibid., p.165.

the discussion of how the British troops and the administration assessed the warm Mediterranean climate, even if this climate was not 'tropical' but only slightly warmer and closer to home.

Intimately linked with the re-birth of Hellenic culture in England are the romantic writers, especially poets like Lord Byron and Walter Scott. The Romantic literature produced by these writers and poets was also intertwined with the notions of orientalism. This type of literature revealed more about the British Romantic writers than about the study of the East itself. Culturally, the Levant was worlds apart from Europe. In the beginning of the nineteenth century, the ideology that the Levant or the Orient was to be ruled by the superior European was not yet fully established. The Enlightenment weakened Europeans' conviction of the superiority of the West.²⁷⁰ Edward Said in his *Orientalism* suggested that places like the 'Orient' were not only geographical and historical entities but cultural constructs created by the Western discourse of power.²⁷¹ Said also came up with the term 'popular Orientalism' which describes the popular Oriental images and themes in British fiction and art. Amongst these authors, Beckford, Byron and Goethe all travelled to the Mediterranean. In the Levant, Byron saw a fascinating place where his fantasies and impulses could be enjoyed. He saw in the Orient a place where he could escape from his own nation's prejudices. But like many other Europeans his own attitudes towards the Levant were Orientalist (in Said's sense). He assumed his own exteriority to the Levant as a European living in a foreign unknown land.²⁷² In this sense, Byron typified Said's claim that the Orient was also a cultural entity created by Europeans.

²⁷⁰ Drucker, 'Byron and Ottoman Love', p.141.

²⁷¹ Edward W. Said, *Orientalism* (Harmondsworth, 1978), pp.4-5.

²⁷² Drucker, 'Byron and Ottoman Love', pp. 142-43.

Stefania Arcara criticises Said for glossing over the connection in British literature between the exotic Orient and the picturesque Mediterranean South. Arcara insists that both the terms ‘Orient’ and ‘South’ in the nineteenth-century British culture started from the adoption of the neo-Hellenistic ideas which were essential for the creation of a national and an imperial British identity. Anxieties about British ‘existence’ were usually debated using the ‘concept South’ or the colonial ‘Other’.²⁷³ But this relationship with the South and the Orient was not a simple North-South dichotomy. It included the narratives of civilised versus the uncivilised, the exotic other, concomitantly cemented into British popular ideas by the colonial encounter. At the same time the Mediterranean region (believed to be the cradle of civilisation) provided the Victorians with the historical roots on which British cultural identity was built. So although North Europeans looked down upon the South as a racially inferior and decayed region, they recognised the importance of the Mediterranean heritage and strove to save it for posterity.²⁷⁴

In this sense then, new perceptions about the Mediterranean, (similar to Orientalism for the Orient), can be called ‘Mediterraneanism’.²⁷⁵ This was defined by Voljtěch Jirat-Wasiutyński as a ‘controlling and reductive Eurocentric viewpoint that, in a “politics of knowledge”, eroticizes, homogenises, and restricts any account of the region’. He explained how the Mediterranean was perceived simultaneously as the cradle of civilisation and a backward, exotic, pre-modern and a primitive region with a ruined past.²⁷⁶ Both concepts (Mediterraneanism and Orientalism) analyse the

²⁷³ Stefania Arcara, ‘Constructing the South: Sicily, Southern Italy and the Mediterranean in British Culture, 1773-1926’ (PhD thesis, University of Warwick, 1998) pp. x-xiii.

²⁷⁴ Ibid., p. xv.

²⁷⁵ The word was coined by Michael Herzfeld. This is explained in more detail in Herzfeld, ‘Practical Mediterraneanism’.

²⁷⁶ Jirat-Wasiutyński, *Modern Art*, p. 5.

‘Other’ and how the ‘Other’ was understood by the European powers especially the English.

Some historians of medicine have sought to integrate Said’s work into colonial historiography. Mark Harrison, in his chapter ‘Differences of Degree’, used Said’s Orientalism to understand the colonial relationship between British and the Indian subjects. He also talked about the representation of the subject in British eyes. One of his criticisms was that the concept of hegemony as used by Said was ‘insufficiently flexible’ to explain the true relationship between ruler and ruled. Indians were far from being simply at the receiving end of imperialism. They were very active in their decision-making and their actions influenced British policies in India.²⁷⁷ In the Mediterranean island colonies, islanders were also involved in a similar exchange of knowledge about local climates and illnesses like fevers. Harrison argues that the sense of superiority displayed by rulers in the colonies (which was the reason why Said claimed that the Orient was seen by the imperialists as ‘fundamentally irrational’) actually arose from the sense of insecurity felt by the British in a foreign and alien country.²⁷⁸ Although this analysis can be partially applied to the Mediterranean context (especially the political tensions in the Ionian Islands and those in Cyprus during the twentieth century), this analysis does not allow for the close relations which were forged between the British imperialists and the Mediterranean colonial islanders (particularly those in Malta).

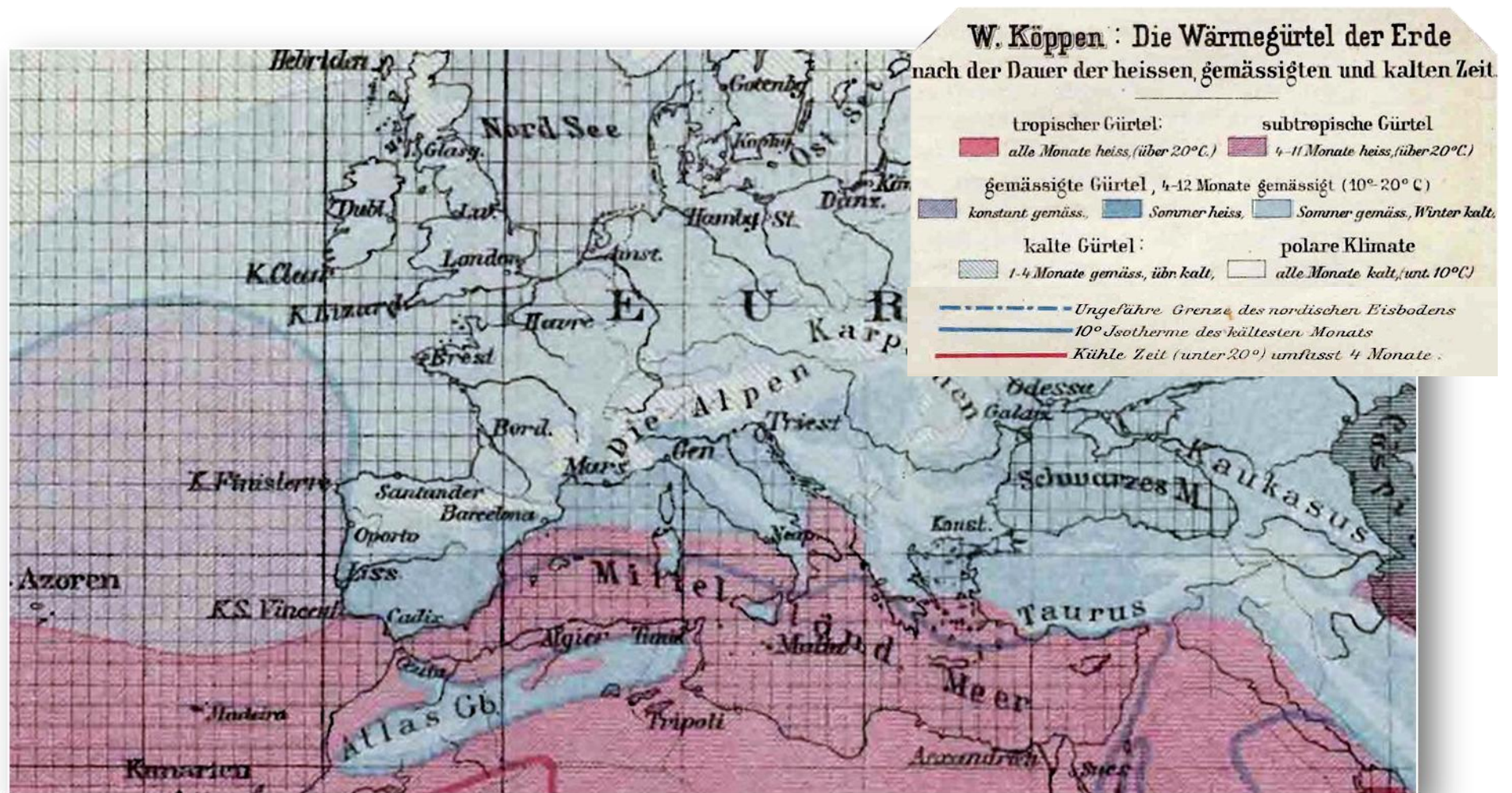
²⁷⁷ Mark Harrison, ‘Differences of Degree: Representations of India in British Medical Topography, 1820-c.1870’, in Nicolaas A. Rupke (ed.), *Medical Geography in Historical Perspective, Medical History, Supplement*, 20, (2000), pp.51-53.

²⁷⁸ Ibid., p.54.

The Subtropical Mediterranean

In 1817, Alexander von Humboldt (a Prussian geographer, naturalist and explorer) wrote the annual-mean temperatures on a world map. This map was then refined by the Russian geographer and climatologist, Wladimir Köppen. In 1884, Köppen published his classical paper ‘The thermal zones of the Earth according to the duration of hot, moderate and cold periods and of the impact of heat on the organic world’, in the first volume of the *Meteorologische Zeitschrift*. Today this is considered as the precursor of the more popular Köppen-Geiger climate classification. Previous to this, early nineteenth-century climatologists used the Greek concept of different climatic zones of the Earth. They created ‘a tropical zone, a temperate zone and a polar zone’. These zones did not have isotherms (these were incorporated by Alexander Georg Supan in 1903 to help better define the major climate zones). Köppen’s classification was based on the analyses of the values of temperature and rainfall of the warmest or coldest months and the driest and wettest months. He described five zones: the tropical zone (all months warm), the subtropical zones (four to eleven warm months, one to eight moderate months), moderately temperate zones (four to twelve moderate months, less than four warm months), cold zones (one to four moderate months, other months cold) and polar zones (all months cold).²⁷⁹ The 1884 map drawn by Köppen (see Map 3.1) shows that from Cádiz and Gibraltar right across to Cyprus, the Mediterranean Sea was part of the subtropical belt with four to eleven warm months and one to eight moderate

²⁷⁹ Rubel and Kottke, ‘Comments on: ‘The Thermal Zones of the Earth’, p.361, Robert E. Dickinson and Osbert J. R. Howarth, *The Making of Geography* (Oxford, 1933), p.190.



Map 2. 1 A section of Köppen Climatic Classification Map as it appeared in Wladimir Köppen, 'Die Wärmazonen der Erde, nach der Dauer der Heissen, Gemässigten und Kalten Zeit und nach der Wirkung der Wärme auf die Organische Welt Betrachtet (The Thermal Zones of the Earth According to the Duration of Hot, Moderate and Cold Periods and of the Impact of Heat on the Organic World)', *Meteorologische Zeitschrift* 1 (1884), pp.215-26

months. The sea north of Corsica, Naples and almost the whole of Greece and Turkey were incorporated into another zone called the ‘temperate belt, constant moderate’. This zone had from four to twelve months of moderate months with less than four warm months. The shore land north of Corsica and Naples incorporating Greece and Turkey was classified as part of the temperate belt but called ‘summer moderate’. This can be understood as slightly warmer than the constant moderate zones. Map 3.1 shows that the shore regions of France, Spain, Italy, Greece and Turkey were slightly warmer than in the hinterland. Further inland was then described as still part of the ‘temperate belt’ but ‘winter cold’. Thus, Köppen’s map showed how the northern tip of the Mediterranean Sea basin was colder than the subtropical climate but not as cold as the ‘winter cold’ zone of which England was part.

Köppen’s climate classification of 1884 was produced about a century after medical travellers commenced their journeys to the Mediterranean shores in the quest of better mental and physical health. Previous to Köppen’s classification of the climate, geographers were still looking at Ptolemy’s and Aristotle’s *klima*. However, in 1884 Köppen was merely reconfiguring what medical practitioners were already using in the study of climatology. Robert Edmund Scoresby-Jackson in his book *Medical Climatology: or a Topographical and Meteorological Description* in 1862 used a similar map entitled ‘medical climatology’ to explain changes in temperature using isotherms.²⁸⁰ Some physicians engaged with the literature on climatology and endeavoured to discuss and explain what climate is and the different variables which made the study of climate so difficult to assess and understand. In his chapter ‘Climate and Health-Resorts’ published in 1883 in Malcolm Morris’ *The Book of*

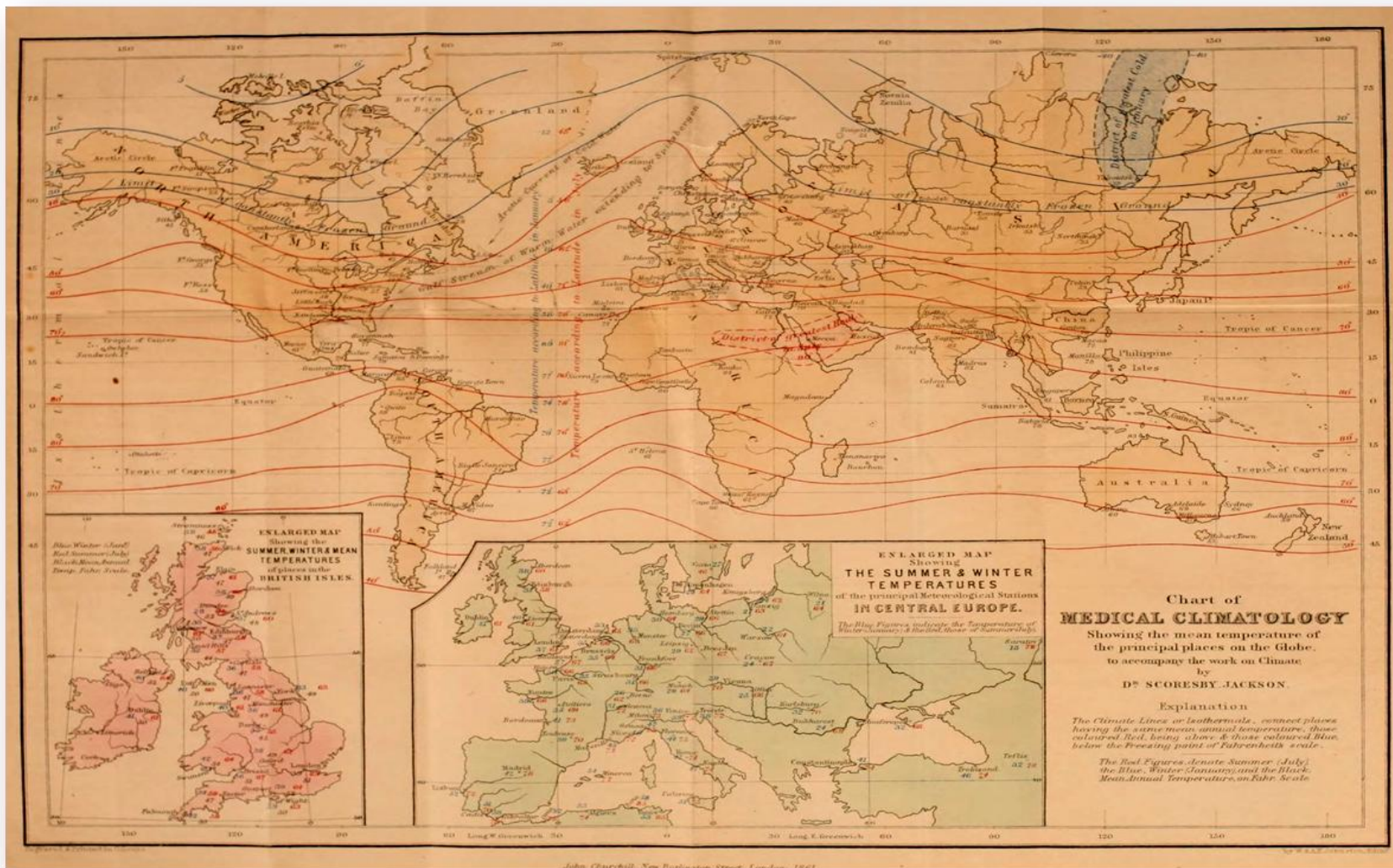
²⁸⁰ Robert Edmund Scoresby-Jackson, *Medical Climatology: or a Topographical and Meteorological Description* (London, 1862). See Map 3.2.

Health, Hermann Weber engaged in this type of explanation in the beginning of his article. He argued that the ‘mathematical climate’²⁸¹ was an inadequate classification because the surface of the earth was not flat and the atmosphere was not the same. Explanations of climate show that the medical profession was engaged in the study and understanding of climatology. These ideas were drawn upon by medical practitioners to advise medical travellers on the most beneficial resort or country for the amelioration of their illnesses.

In this section I will explore how climate affected the decisions of medical travellers and medical opinion throughout the nineteenth century. James Clark and James Johnson were both acclaimed as chief authorities in England’s climatotherapy, but they still struggled to grasp the significance of the correlation between human physiology and its surroundings. In Jankovic’s words, ‘Clark thought he lived in an age in which the acceptance of the idea that climate shaped health was matched only by the general failure to explain the connection.’²⁸² Clark and Johnson were keen to show that choosing the right locality for the typical ailment was paramount. ‘Slow digestion, hypochondriasis and disposition to haemorrhage improved in Naples and Nice. Dyspeptic patients required Italy. Rome suppressed gastritis. Pisa was recommended to those vulnerable to winds. Wounds healed faster in the dry and hot Nile Valley.’ Madeira, Azores, Tenerife and Tangier were usually recommended as winter residences because they were situated in the subtropical climate with long

²⁸¹ A definition of ‘mathematical climate’ – ‘This early climatic classification recognized three basic latitudinal zones (the summerless, intermediate, and winterless), which are now known as the Frigid, Temperate, and Torrid Zones, and which are bounded by the Arctic and Antarctic Circles and the Tropics of Cancer and Capricorn’. As cited in *McGraw-Hill Dictionary of Scientific & Technical Terms*, (New York and Chicago, 2003).

²⁸² Vladimir Jankovic, ‘The Last Resort: A British Perspective on the Medical South, 1815-1870’, *Journal of Intercultural Studies*, 27 (2006), p.273.



Map 2. 2 'Chart of Medical Climatology: Showing the Mean Temperature of the Principal Places on the Globe – to Accompany the work on Climates by Dr Scoresby Jackson', Scoresby Jackson, *Medical Climatology*, (chart in the preface).

warm months during the year. However, these resorts were also recommended for their known status as ‘social and political havens’.²⁸³

This chapter will explore how many of those travelling ‘South’ were actually visiting the southern parts of the Mediterranean basin instead of heading to the northern spas and resorts. In order to do this we need to visualise a Mediterranean map, where we pinpoint the best resorts for particular illnesses. Both travellers’ opinions and medical practitioners’ views varied widely on the curative powers of certain countries around the Mediterranean basin. To start with, Byron’s words did nothing to help Malta’s reputation. He described it as an arid rock with no convenient resting places for the invalid. Francis Fremoult Sankey, a physician living in Malta and writing about the island in 1843,²⁸⁴ dismissed Byron’s words as written under the influence of ‘spleen and misanthropy’.²⁸⁵ The negative criticism in travel journals injured the reputation of resorts trying to attract medical travellers.

Some physicians did write more explicitly about different Mediterranean resorts; their opinions on the Maltese Islands varied greatly. Thomas Burgess, in his ‘Comments on the Inutility of Resorting to the Italian climate for the cure of

²⁸³ Ibid., pp. 276-77.

²⁸⁴ Francis Fremoult Sankey was born in Canterbury, Kent in 1759. He graduated as a medical physician and joined the Navy. He lived for some decades in Valletta with his wife Frances Louisa (who died in Malta in 1861) and their children. He became a surgeon on 17 January 1814. In July 1827 he was engaged to serve as a surgeon aboard the H.M.S. *Musquito* and consequently was awarded the Naval General Service Medal for his services during the Battle of Navarino. While serving on H.M.S. *Madagascar*, an *honoris causa* was conferred onto him by the Royal University of Malta Hon. John Hookham Frère in 1832. He retired from service in 1852 and was then engaged as a physician to the P&O Steam Navigating Company. He died in Upton, Worcestershire in 1871 at the age of 81. His name was associated with the early use of chloroform anaesthesia in Malta and with the first fatality connected to it in Malta. On 20 April 1855, Sankey performed a finger amputation on a thirty-five year old man using chloroform with fatal consequences. For more information: Paul Cassar, ‘Overseas Medical Graduates and Students at the University of Malta in the Nineteenth Century’, *Melita Historica Journal*, 8 (1981), pp. 93-100, ‘The medical officers of the Royal Navy 1840’, available online at http://www.pdavis.nl/Surgeons_1840.htm (3 May 2013), ‘Naval general service medal roll 1793-1840’, available online at <http://www.dnw.co.uk/medals/resources/medalrolls/naavalgeneralservice/> (3 May 2013), Charles Savona Ventura and C. Borg Galea, *Universitas Studiorum Melitensis Medicinae Chirurgiaeque Facultate, Roll of Honour* (Malta, 2007) p. 25, *Hampshire Chronicle*, 30 July 1827.

²⁸⁵ Sankey, *Malta Considered*, p. 4. According to Joseph Cassar Pullicino, Sankey was addressing the members of the Medical Association when he read this paper in 1843.

Pulmonary Consumption' in the *Lancet* in 1850 disagreed that Mediterranean resorts were generally beneficial to the pulmonary invalid. He mentioned Malta, which he claimed had 'long been a favourite resort of phthisical [sic] patients'. But he advised pulmonary patients to avoid Malta due to high mortality rates from consumption amongst the troops (as frequently quoted in the colonial reports). He claimed he was not surprised that Malta was so insalubrious because it was 'a rocky, partly undulating island, elevated in the centre, open and exposed on the South and east sides' and one would 'consequently [feel] the coldness and variableness of the weather.' He had no praise for the Maltese climate and weather. The winds in summer were slight but in autumn the *Scirocco* was frequent and variable, and heavy gales followed in winter. Burgess was also critical of the difference in temperature between the warmest and the coldest months. He argued that the difference in the temperatures was like that of London and at times greater. He urged the reader to open his eyes to the 'vicissitudes' of the Mediterranean climate.²⁸⁶ Robert Edmund Scoresby-Jackson was more optimistic when giving advice about staying in Malta. In 1862 he claimed that the fact that Malta was a garrison town limited the freedom of ladies 'in moving about in taking out-door exercise and in social intercourse in a densely populated town, where military barracks and ships of war abound'.²⁸⁷ However Scoresby-Jackson, contrary to Burgess claimed that 'the mean temperature of the seasons... [was] moderate' and 'the average range... [was] not wide'. Other advantages like good accommodation for moderate prices, cheap groceries and the direct and frequent postal communication by the steam packets bound to and from England, were all advantageous for the medical traveller. He recommended the Maltese

²⁸⁶ Thomas Burgess, 'Comments on the Inutility of Resorting to the Italian Climate for the cure of the Pulmonary Consumption, no.1', *Lancet*, 55 (1850), p. 592.

²⁸⁷ Scoresby-Jackson, *Medical Climatology*, pp. 482-83.

Islands to those whose ‘disease ... [was] not far advanced, or in which the patient ... [was] susceptible of a rapid recovery’. As for pulmonary consumption he sustained that ‘unless at the very commencement of the disease ... [he] believe[d] the climate of Malta is not to be trusted.’²⁸⁸

The direction and severity of the winds was hotly debated in the medical literature. Winds like *Scirocco*, *Leste*, *Samiel* and *Yugo* were deemed to be suffocating, depressing and having ‘relaxing’ qualities in most countries in the Mediterranean region. There was a great fear of what was colloquially known as the ‘doldrums’ or formally intra-tropics (today this phenomenon is called the inter-tropical convergence zone). These winds are generated between the tropics of Cancer and Capricorn and when they converge the air is uplifted and it often produces clusters of thunderstorms. This phenomenon occurs along the Equator in the Indian and Western Pacific Oceans, and off the African and Central American west coasts. In the nineteenth century these winds were deemed enervating, and many sailors dreaded them as their ships were caught in the ocean, becalmed for weeks. The *Scirocco* winds put ‘all things in a suffocating heat, sometimes mixing all the elements’ and at others destroying everything in their path.²⁸⁹ Francis Sankey was very critical of the exaggeration of the dreaded *Scirocco*. He blamed John Hennen and Patrick Brydone amongst others for ‘fanciful ascrib[ing] all their morbid feelings’ to this type of wind.²⁹⁰ While stationed in Argostoli in the Ionian Islands Private Wheeler described the *Scirocco* in his letters as giving ‘a very disagreeable sensation, it paralyses the whole frame, the breath is so much affected one can scarcely breathe, the feet swell so much during the night that in the morning it is difficult to get on one’s

²⁸⁸ Ibid.

²⁸⁹ Samuel Brown, *An Inaugural Dissertation on the Bilious Malignant Fever* (Boston, 1797), p. 53.

²⁹⁰ Sankey, *Malta Considered*, p. 9.

shoes’.²⁹¹ However, this is not to say that the popular resorts of Italy and France were beyond criticism when it came to analysing their climate and wind directions. In winter, Rome’s temperature fell below zero, Lombardy’s winter was too severe while in Provence and Nice, the east wind blew until May.²⁹² In 1884, the eminent obstetric physician and importer of the rest cure for neurasthenia into Britain, William Smoult Playfair, sent a letter to the editor of the *Lancet* entitled ‘The Insanitary Condition of Continental Health Resorts’.²⁹³ He lamented changes to the health resorts of old days when there were fewer people visiting and better health conditions. The resorts, (especially their hotels) of Naples, Rome, Venice and the Italian Lakes, amongst others, were criticised for their ‘terribly insanitary conditions’.²⁹⁴

Due to widespread negative criticisms of the Maltese climate, Francis Sankey in the first sentence of his work *Malta Considered* explained that ‘the object of the following pages is to direct the attention of medical men, in England and elsewhere, to the advantages possessed by this island, as a place of temporary residence for such persons as require a change of climate for the restoration of their health’.²⁹⁵ William Domeier in 1810, in his book *Observations on the Climate, Manners and Amusements of Malta*, had similar praise for the Maltese climate. Domeier had resided in Malta for few years before he wrote his book. His aim was to offer an alternative health resort

²⁹¹ Basil Henry Liddell Hart, (ed.) *The Letters of Private Wheeler 1809-1828* (Moreton-in-Marsh, 1951), p.243. Private William Wheeler was a soldier of the 51st King’s Own Yorkshire Light Infantry during the Peninsular War and at Waterloo.

²⁹² Jankovic, ‘The Last Resort’, pp. 280.

²⁹³ William Smoult Playfair was an eminent obstetric physician who introduced the Weir-Mitchell treatment in Britain which was a method for treating neurasthenia, hysteria and other mental illnesses in women. He was also involved in a major court case for revealing a patient’s name in unfortunate circumstances. See Ann Dally, ‘Playfair, William Smoult (1835-1903)’, *Oxford Dictionary of National Biography*, Oxford University Press, 2004, extract available online <http://0-www.oxforddnb.com.pugwash.lib.warwick.ac.uk/view/article/35541>, (6 January 2013).

²⁹⁴ William Smoult Playfair, ‘The Insanitary Condition of Continental Health Resorts’, *Lancet*, 123 (1884), p. 273.

²⁹⁵ Sankey, *Malta Considered*, p.3.

to the northern Mediterranean resorts during the Napoleonic wars. He praised the climate of Malta by comparing it favourably with other frequently visited health resorts, including Italy, Spain and Portugal.²⁹⁶ A similarly positive account of the Maltese islands was produced by Abel L. Peirson, Joshua B. Flint and Elisha Bartlett in *The Medical Magazine* in 1833. They immediately dismissed the contemporary hypothesis that the Mediterranean islands did not merit much attention; noting that Sicily afforded a good winter climate but not the necessary comforts and conveniences needed for the English invalids. This objection, they asserted, ‘cannot be made to Malta’ where ‘all the wants of the invalid may be supplied’. However, they concluded their otherwise positive account in a very despondent tone: ‘We are not, indeed, aware of any class of invalids likely to derive much advantage from the winter climate of Malta, and we are not acquainted with any to whom its summer climate would not prove injurious.’ They also emphasised that the climate of Malta had little to recommend it to those suffering from pulmonary diseases.²⁹⁷ Thomas Burgess completely dismissed the Maltese islands’ climate in 1850 as unsuitable for phthisical patients.²⁹⁸

The above short analysis of the medical profession’s thoughts on the climate of Malta, contests the merits of the Maltese islands as health resorts, demonstrates the conflict and contradiction in the literature available to the medical profession and health travellers. Different authors gave different reasons why Malta (or sometimes Valletta) was not the best place for invalids suffering from particular diseases like phthisis, to visit. One author signing under the nom de plume ‘A Surgeon – Member

²⁹⁶ William Domeier, *Observations on the Climate, Manners and Amusements of Malta, Principally Intended for the Information of Invalids Repairing to that Island for the Recovery of Health* (London, 1810), pp. 1-6.

²⁹⁷ Abel L. Pierson, Joshua B. Flint, Elisha Bartlett, ‘Article V. Climate’, *The Medical Magazine* (Boston, 1833), pp. 605-07.

²⁹⁸ Burgess, ‘Comments on the Inutility’ no. 1, p. 592.

British Medical Association' complained that Valletta (where 'everything is "going on") was too overcrowded, 'slumber...[was] broken by jarring bells and most discordant street vendors' cries', streets and footways were badly paved and no pleasant countryside outside Valletta to escape to. He concluded by saying that 'all this, renders abortive the single condition favourable to health in Malta, namely, an equable climate'.²⁹⁹ Others generally complained that although the Southern Mediterranean islands like Malta and Cyprus were warmer than the Northern shores of the Mediterranean, the islands were vulnerable to winds and storms that made it harder for the invalid to recuperate.³⁰⁰ It is not clear why medical opinion on the health of Malta were so divergent, yet, clearly the merits of these islands' health were frequently questioned and more than once doubted by travellers and physicians alike who experienced the islands' climate and its urban chaos first hand.

Charles Theodore Williams, physician to the Hospital for Consumption and Diseases of the Chest in Brompton, delivered a lecture in February 1876 to the Medical Society of London, entitled 'Lettsomian Lectures on the Influence of Climate in the Treatment of Pulmonary Consumption'. In it he discussed the chief foreign health station available for British consumptive patients. This report is also important because it contained a table 'Showing Influence of Foreign Climates in Consumption in 251 Cases'. Malta, Cyprus and Corfu were all classified under 'dry climates of the Mediterranean Basin', along with Cannes, Nice, Mentone and San Remo (known as the Riviera).³⁰¹ Williams explained that these 251 patients were those, from amongst 1000 patients chosen from his practice, who were submitted for some time in a warm climate, in localities outside the United Kingdom, for periods

²⁹⁹ 'Malta as a Health(?) Resort', *The British Medical Journal* 1(1885), p. 265.

³⁰⁰ C. Theodore Williams, 'Lettsomian Lectures on the Influence of Climate in the Treatment of Pulmonary Consumption', *The British Medical Journal* 1(1876), pp. 186-88

³⁰¹ Williams, 'Lettsomian Lectures', p. 186

varying from one to eleven winters.³⁰² As can be seen in the table below, only one or two patients stayed in these islands and they spent a maximum of two days in Malta, Cyprus or Corfu. Compared to regions like Pau in France or Madeira off the coast of North Africa, these islands were important enough to feature in this table, yet received fewer health travellers. This table shows only Williams' consumptive patients and therefore these results cannot be interpreted as the truth in respect to other medical practises around England or to other particular diseases. However, as a sample it gives an indication of the percentage of patients going to North Mediterranean resorts and that of patients going to the southern region out of the original sample of 251 patients. Thus, although these island resorts were deemed by Williams as chief foreign health stations, the medical profession was also aware of inadequacies in their climate and clearly advised better known or rather, better reputed, resorts for their patients.

The medical literature did not only focus on the winds and the climate, but also on the vegetation found in the landscape of medical resorts in the Mediterranean. In the northern Mediterranean health resorts, the palm trees denoted a 'carefully controlled form of the exotic' and the olive and orange trees indicated a 'warm, dry air'.³⁰³ Francis Sankey briefly described Malta's vegetation but clearly he did not think much of it. Malta had a general 'look of utter barrenness' and the 'orange and the lemon plantations are enclosed within garden walls, and form no

³⁰² Charles Theodore Williams, 'On the Effects of Warm Climates in the Treatment of Pulmonary Consumption, as Exemplified by an Analysis of Two Hundred and Fifty-One Cases', *Medico-Chirurgical Transactions*, 55 (1872), p. 237.

³⁰³ Tania Woloshyn, 'Zone of Transition: Visual Culture and National Regeneration on the French Riviera, c. 1860-1900', in Tricia Cusack (ed.), *Arts and Identity at the Water's Edge* (Birmingham, 2012), pp.167-69.

TABLE I.—*Showing Influence of Foreign Climates in Consumption in 251 Cases.*

		RESULT.							PERCENTAGES.		
		Winters.	Patients.	Much Improved.	Improved.	Stationary	Worse.	Average No. of Winters per Patient.	Much Improved & Improved.	Stationary.	Worse.
Calm Inland Temperate Climates (Moist)	Arcachon.. .. .	1	1		1						
	{ Pau	74	43	5	16	2	20	1.70			
	{ Bagnères de Bigorre	2	1	1					50.00	4.55	45.45
	Rome	22	18	4	6	2	6	1.23	55.56	11.11	33.33
	{ Hyères	35	23	4	9	6	4				
	{ Cannes	39	19	6	6	3	4				
	{ Nice and Cimiez	20	18	6	8	3	1				
	{ Mentone	24	12	2	3	2	5	1.64			
	{ St. Remo	8	3			2	1				
	{ Riviera generally	9	7	1	3	1	2		58.23	20.73	20.73
Dry Climates of the Mediterranean Basin (Marine).	{ Malaga	10	8	2	4	2		1.56			
	{ Ajaccio	1	1			1			58.00	21.00	21.00
	{ Palermo	1	1				1	1.51			
	{ Malta	2	2	1		1					
	{ Corfu	1	1		1				62.50	20.39	17.10
	{ Cyprus	2	1				1				
	{ Algiers	4	4		2		2				
	{ South of Europe generally, including winters spent partly at one and partly at another of the above stations, or else in travelling in Italy, Spain, etc. . .	73	52	16	21	5	10				
Very Dry Climates.	{ Egypt and Syria	26	20	6	7	5	2	1.30	65.60	25.00	10.00
	{ Cape and Natal	13	9	1	3	2	3	1.34	58.62	24.13	17.24
	{ Tangiers	11	3	2	1						
Moist and Warm Atlantic Climates (Marine).	{ Madeira	102	63	14	20	9	20	1.61	53.81	14.28	31.91
	{ Canaries (Teneriffe)	1	1				1	1.71			
	{ St. Helena	1	1		1				51.43	14.28	34.29
	{ West Indies	16	5	1		1	3				
	{ India (generally)	30	10	7	2		1	3.00			
	{ New Zealand	19	4		3	1					
	{ South America (Andes)	1	1	1							
								2.36			
	{ Sea-voyages to Australia, America, India, China, Cape, and West Indies	45	18	7	9	1	1	2.50	89.00	5.50	5.50
		593	350	87	126	49	88				

Table IX shows patients sent to health resorts by the practitioner Theodore Williams, from his own practise. 'Showing Influence of Foreign Climates in Consumption in 251 Cases' in Williams, 'Lettsomian Lectures', p. 186, Table 1

feature in Malta scenery'.³⁰⁴ Ascott Robert Hope Moncrieff, writing in 1893 described Malta as a 'low-lying treeless island' which offered little shelter. John Hennen, in 1830 described the only small woods that Malta had, called 'Boschetto' as having some mulberry-trees intermixed with orange and olive trees. Hennen also described Corfu as very rich in olive trees but then claimed that in Malta 'the shade of trees be wanting'. Contrary to Corfu, Hennen claimed that Malta was 'free from the damp and stagnant air which pollutes the olive grounds' of that island.³⁰⁵ Although vegetation was an important marker for understanding the climate of a particular island or country, other factors like winds and a salubrious climate contributed to the bad or good reputation of that particular place.

It is clear, therefore, that according to popular medical opinion during the nineteenth century, the Maltese Islands and the southern parts of the Mediterranean region were not the first places that either physicians or invalids would recommend as health resorts. In the first half of the nineteenth century, some encouragement was given to those who wanted to visit these islands and that may account for the small influx of medical travellers to these islands. In 1893, a book entitled *The Story of Malta* by Maturin M. Ballou engaged briefly with the type of climate that the Maltese Islands boasted of.³⁰⁶ He claimed that 'the average winter weather [in Malta] is considered by many Europeans to be delightful and wholesome, attracting scores of English invalids annually, who are in search of a temporary home abroad to avoid the dreary London season of fog and gloom'. He also declared that Malta first became popular among the English 'health-seekers' after the visit by the Dowager Queen

³⁰⁴ Sankey, *Malta Considered*, p.5

³⁰⁵ Hennen, *Sketches of the Medical Topography of the Mediterranean*, pp.453-54.

³⁰⁶ Maturin Murray Ballou (1820-1895) was a travel writer and a pioneer of the American illustrated journalism. He founded the Boston Daily Globe and in 1872 he became its editor-in-chief. For more details check the *Dictionary of American Biography*, <http://www.anb.org/aboutanb.html>, (11 February 2013).

Adelaide in 1836. She visited the island to improve her health. According to Ballou, this encouraged more English medical travellers to seek the Maltese climate.³⁰⁷

Despite this assertion, Ballou did not elaborate further. This leaves us with precious little information as to how popular the Maltese Islands were with health tourists.

Francis Sankey's report was keen to illustrate the beneficial aspects of the country's climate for the invalid and it also referred to cases which Sankey knew of or had heard of. Following this evidence, it might be reasonable to assume that Malta was the health destination for some invalids although it was definitely not the most popular health resort or spa in the Mediterranean basin. It seems that Malta did become a resort for English travellers but it certainly was not as popular as other resorts in France, Switzerland and Italy.

An indication of the numbers of travellers staying in and around Valletta might be gathered from the study of hotels carried out by Joseph Cassar Pullicino in his 'Some 19th century Hotels in Malta'. Pullicino cited the traveller and novelist, John Galt who complained that there was no 'tolerable hotel in Malta' in 1800.³⁰⁸ But by 1835, inns could be found quite easily by word of mouth in Valletta. In 1839, Thomas MacGill explained that in Valletta there were five or six excellent lodging houses and he considered the best inn to be that of Morell in Baker Street (or Strada Forni).³⁰⁹ Pullicino listed many other properties apart from Morell's and most of them were situated in Kingsway (today Republic Street or Strada Rjali) which is the main thoroughfare in Valletta. Another great concentration of guest houses was in Strait Street (or Strada Stretta), colloquially known as 'the gut' which was the main hub of entertainment in the city and heavily frequented by British officers, soldiers

³⁰⁷ Maturin Murray Ballou, *The Story of Malta* (Boston, 1893), pp.89-91.

³⁰⁸ John Galt, *Voyages and Travels in the years 1809, 1810, and 1811: Containing Statistical, Commercial, and Miscellaneous Observations on Gibraltar, Sardinia, Sicily, Malta, Serigo, and Turkey* (London, 1812).

³⁰⁹ Thomas MacGill, *A Hand Book, or Guide, for Strangers visiting Malta* (Malta, 1839).

and sailors. There were fewer hotels or inns in the suburbia of Valletta, though Pullicino mentioned one in the suburb of Hamrun. In the *Malta Times* of 20 March 1842, a Mrs Richardson posted the advert for the ‘Melita Inn and Dairy – San Giuseppe’ and in it she returned ‘thanks to the officers of the Navy and Army and Inhabitants of Malta for past favours and trusts by strict attention to the cleanliness and comfort of the Inn to merit a continuance of their patronage and support: Lodgings for invalids and their families.’ This shows that some of these hotels were targeting a fairly broad clientele which ranged from Navy officers to invalids and their families.³¹⁰ Throughout his report, Francis Sankey alludes to invalids he knew whose health had been ‘considerably improved by residing for a while in Malta and making short voyages to the neighbouring states’.³¹¹

In terms of expense, it seems that travelling to Malta was more expensive than travelling to the other resorts and spas on the Continent. Mariana Starke in her book *Information and Directions for Travellers on the Continent*, in 1824, compared the rates of passengers’ voyages by the Mediterranean Packets. From Falmouth to Gibraltar a first class passenger paid £38 whilst a second class passenger paid £22. From Falmouth to Gibraltar and then to Malta a first class passenger paid £59 and a second class passenger paid £33. If travellers undertook the journey from Falmouth to Gibraltar, Malta and then Messina, they paid £61 for a first class ticket and £34 for a second class ticket.³¹² In comparison, it cost much less in 1879 to travel from London to Paris by Railway. A single second class ticket cost 31s. 6d., whilst a third

³¹⁰ Joseph Cassar Pullicino, ‘Some 19th century Hotels in Malta’, *Melita Historica Journal*, 8 (1981), pp.109-25.

³¹¹ Sankey, *Malta Considered*, p.22

³¹² Mariana Starke, *Information and Directions for Travellers on the Continent* (5th edn, London, 1824) p. 322.

class ticket cost 21s.³¹³ Staying in Malta, however, was cheaper. According to Starke in 1824, the cost of one day in a hotel in the heart of Rome (somewhere near Via Condotti no less) cost around 22s.³¹⁴ In Malta in 1854 the daily cost of a suite in the prestigious Clarence Hotel in Valletta was between 5s and 10s.³¹⁵

Different countries and regions of the Mediterranean basin were recommended for different illnesses by various physicians. But sometimes, either due to misdiagnosis or because the patient was misdirected, the treatment by the physician was not as satisfactory as the patient would have wished. In 1841, the eminent Sir James Clark (highly erudite physician of the time specialising in the cure and care of consumptive patients) recommended the shores and islands of the Mediterranean. He claimed that invalids ‘may visit the south coasts of Spain, Sicily, the Ionian Islands, Greece, Syria and Egypt; and , if their tour is conducted with judgement and discretion, their health may be more improved than by residing at any one of the climates mentioned.’ But Clark warned that ‘the more delicate invalid must rest satisfied with such limited changes as have been pointed out in the preceding pages [about the pulmonary consumption]’.³¹⁶

In his book *The Sanative Influence of the Climate*, Clark makes a definite distinction between two stages of consumption. He first mentions tuberculous cachexy and defines it as ‘that morbid state which precedes, and in fact constitutes the essential predisposing cause of pulmonary consumption’. He also argued that this state of tuberculous cachexy is brought on by confined, damp and ill-ventilated spaces, and that one sure way of stopping this ‘deranged state of health’ from

³¹³ Thomas Cook and Sons, *Cook’s Tourist’s Handbook for Switzerland*, (London, 1879), p. 8 of the advertisements section.

³¹⁴ Starke, *Information and Directions*, p. 373

³¹⁵ Cassar Pullicino, ‘Some 19th century hotels’, pp.114-15.

³¹⁶ James Clark, *The Sanative Influence of Climate; with an Account of the best Places of Resort for Invalids in England, the South of Europe etc...* (London, 1841), p. 248.

developing into consumption, was for the patient to be moved to a milder climate. This, coupled with the cure and care of the organs and the skin, would promote the patient's health. However, Clark was frank and clear about those patients whose tubercular disease was in an advanced stage. 'When consumption is fully established... little benefit is to be expected from change of climate; and a long journey will almost certainly increase the sufferings of the patient, and hurry on the fatal termination.'³¹⁷

Clark was held in great esteem by the English communities in Italy. For a long time, he practised in Italy and treated consumptive patients. One of his celebrity cases was the romantic poet John Keats. Clark misdiagnosed Keats' consumption in Rome. Sue Brown amongst other literary scholars and historians has recently criticised Clark's diagnosis and treatment and claimed that this treatment made the last few weeks and months of Keats' life more painful than they should have been. It seems that Clark prescribed the same treatment as the one given to Keats by Dr Rodd in London.³¹⁸ Clark received Keats in Italy, because he supported Rodd's diagnosis, that Keats had a stomach illness resulting from personal problems and mental anguish.³¹⁹ By Christmas of 1820, Clark got a second medical opinion from a Roman doctor and confirmed Keats' own diagnosis (he graduated as a physician but never practised) of consumption.³²⁰

Keats' story brings home the difficulty in diagnosing and treating consumption. Travelling to a milder climate was not always advised by physicians

³¹⁷ Ibid., pp.32-35.

³¹⁸ It is quite possible that Clark's theories on the tuberculous cachexy (published for the first time in 1829) stemmed from the case and death of Keats in 1821. James Clark, 'The influence of Climate in the Prevention and Cure of Chronic Diseases, more Particularly of the Chest and Digestive organs', *Edinburgh Medical and Surgical Journal*, 32 (1829), pp.350-78.

³¹⁹ Hillas Smith, 'The Strange Case of Mr. Keats' Tuberculosis', *Clinical Infectious Diseases* 38 (2004), pp.991-93.

³²⁰ Sue Brown, *Joseph Severn, A life- The Rewards of Friendship* (Oxford, 2009), pp 82-85.

and when advised there was no guarantee of amelioration or complete recovery. Consumption was a prolonged incurable disease which pushed patients to seek a cure in milder climates. As seen above, phthisical patients were advised to stay clear of humid and damp climates like those of Malta and other southern islands of the Mediterranean basin. The medical profession struggled to find the best climate for every incurable disease. But medical opinions changed frequently due to the ever-changing new knowledge gathered by scientists and physicians. Seeking a cure by travelling to warmer climates was not an exact science. Data from the different Mediterranean resorts was continuously being gathered and medical works continued to discuss the merits and disadvantages of these resorts. It is clear that what the medical opinion viewed as a beneficial climate in Byron's time changed by the end of the nineteenth century. For example, it was decided that hot and humid places were no longer beneficial to consumptive patients and instead places like the *Rivieras* were considered more appropriate.

British Epidemiological Beliefs – Balneology and Hydropathy

The healing and cleansing benefits of water were well known before the nineteenth century. References to the beneficial properties of water can be found in the Judaic, Christian and Muslim rules of conduct and in their respective holy books. The Greeks and the Romans used water for both pleasure and curative reasons. In eighteenth-century England, the use of water in spas and resorts became very popular and balneology (as the science of bathing and of the therapeutic use of thermal baths) was so fashionable that it became a 'necessity' for those wealthy enough to afford it. In Renaissance Italy, 'taking the waters' was closely associated

with leisurely retreat and pleasure. In both Germany and France, people resorted to spas for more 'therapeutic purposes' than in England. However, the expansion of the French spa was considerably limited, mainly because of old land rights which restricted the use of the land needed by these spas.³²¹ In England individual owners were capitalising on the opportunity to create spas and in few years they were developed in many areas of Britain. In these new spas the principle of pleasure was more important than any therapeutic advantage that could be gained by the 'taking of the waters'.³²²

In the mid-1820s the method of hydropathy was initiated by Vincent Priessnitz in his hydropathic centre in Gräfenberg. The beneficial powers of hydropathy seized the imagination of both the public and medical practitioners by the 1840s. It was different from the traditional spa medicine associated with merriment and socialising. The treatment by hydropathy included the regular imbibing of pure water. Apart from drinking the waters in spas they were advised to engage in invigorating exercise and a fortifying diet. This type of activity based on the notion of clean water was said to prevent disease and help maintain healthiness. This was now part of a new prophylactic regime aimed at keeping people healthy and preventing them from adopting incorrect habits.³²³ In fact resort or spa propaganda was centred on the improvement to the health of the patient. Later on these resorts were advertised for the use and benefit of the working classes. Places like Scarborough's sea bathing infirmary (re-launched as late as 1857) rebranded themselves as 'health resorts' and aimed their advertisements towards the working classes who could now participate in the benefits of sea-bathing. These resorts went

³²¹ Porter (ed.), 'The Medical History', p.ix.

³²² Ibid.

³²³ Marland and Adams, 'Hydropathy at Home', pp.500-01.

to some lengths to obtain medical approval and they also tried to acquire appropriate facilities like sanatoria or bathhouses with trained medical attendants.³²⁴

Some British patients were also prescribed a curative spell in a foreign spa – mostly those in Europe. Hermann Weber, in his editorial to the abridged translation of Julius Braun's *On the Curative Effects of Baths and Waters*, was emphatic on the need for physicians to accept hydropathy and the study of climate as a branch of general medicine. Julius Braun emphasised that the medical decision to send patients to particular European spas was not to be taken lightly and each case had to be considered separately. The selection of spas and of particular treatments for patients had to be based on a correct diagnosis of the disease, the 'morbid tendency' and also the overall physical and emotional strength of the patient.³²⁵ Different physicians visited different parts of Europe and matched their patients and their ailments with the appropriate spas, drawing on the latest medical opinions on European spas. James Henry Bennet was such a pioneer physician who travelled abroad and experienced the benefits of climate in different resorts and countries. He claimed that Madeira ceased to attract consumptive patients because medical opinion on pulmonary phthisis had changed and instead of seeking warmth and moisture, patients were sent by their physicians to the *Riviera* in search of a 'cool, bracing, tonifying climate'.³²⁶

The emergence of climatotherapy reinforced the assumption that fresh air, exercise and relaxation were crucial to the wellbeing and recovery of the patient. The relocation of the patient to a healthier climate, complemented the practise of

³²⁴ John Hassan, *The Seaside, Health and the Environment in England and Wales since 1800* (Aldershot and Burlington, 2003), pp.39-41.

³²⁵ Julius Braun, *On the Curative Effects of Baths and Waters being a Handbook to the spas of Europe*, transl. Hermann Weber (London, 1875), pp. v-vii.

³²⁶ James Henry Bennet, *On the Treatment of Pulmonary Consumption by Hygiene, Climate and Medicine* (London, 1871), pp. 75-76.

hydrotherapy in these European spas. Climatotherapy was based on the belief that fresh air, exercise and lack of stress contributed to a healthy individual. The right balance of exercise, fresh air and calm surroundings led the body to recovery.³²⁷ In their book *Climatotherapy and Balneotherapy: The Climates and Mineral Water Health Resorts (Spas) of Europe and North Africa*, Parkes Weber and Weber defined what climatotherapy consisted of by giving a detailed explanation of climate, composition of air, influence of light, moisture and movement of the air and atmospheric pressure. These categories and aspects of the climate were an inherent part of the new medical approach to curing a myriad of different ailments.³²⁸ There was no hard and fast rule dictating which resort to be used for each particular ailment. As discussed above, the southern parts of the Mediterranean were more sparsely visited than other resorts in the northern parts of the basin. Apart from the study of climatotherapy and balneotherapy, medical practitioners drew on data of morbidity and mortality sent from various colonies all over the world. This data complemented the study of hydrotherapy, balneology and climatology and was ultimately responsible for most of the decisions taken by medical practitioners to send their patients abroad.

As explained in the beginning of this chapter, the stories of these resorts cannot be fully explained without understanding the harvesting of medical data from the Mediterranean colonies. Whilst this type of historiography is well developed for colonies such as India, similar studies have been lacking for the Mediterranean region. I believe that the popularity of the northern spas was greatly enhanced by the unfavourable colonial data collected by medical officers in the Mediterranean colonies.

³²⁷ Pemble, *The Mediterranean Passion*, p.91.

³²⁸ Frederick Parkes Weber and Hermann Weber, *Climatotherapy and Balneotherapy: The Climates and Mineral Water Health Resorts (Spas) of Europe and North Africa* (3rd edn, London, 1907), pp.23-51.

Medical Topographies

Medical officers in the nineteenth century dealt with extreme cases of morbidity and mortality in the colonies. Their interest in understanding the environmental causes of these diseases and their preoccupation with contemporary medical theories led them to write medical topographies. These topographies were essentially a collection of environmental data which evaluated soils, vegetation, climate and the general health of the British troops and civilians in the colonies. These topographies played an important part in the creation of imperial geographies.³²⁹ The high morbidity rates within the British garrisons and problems of acclimatisation in the colonies, portrayed an image of a weak coloniser and reduced the importance of British supremacy in the colonies. Brian Hudson cites John Scott Keltie who, when discussing the European settlement in Africa, claimed that ‘the ultimate result would be a race deprived of all those characteristics which have made Europe what it is’.³³⁰ It was a common belief for example that children should be sent to England when they reached a particular age, ‘otherwise they will degenerate physically and morally’.³³¹ The exposure to a weakening influence was feared by many generations of European imperialists.

Nineteenth-century discourse on the ‘scientific’ determinism of climate and racial hierarchies associated ‘slow and backward’ natives with ‘torrid zone[s]’ and

³²⁹ Wendy Jepson, ‘Of Soil, Situation and Salubrity; Medical Topography and Medical Officers in early Nineteenth-Century British India’, *Historical Geography*, 32 (2004), pp.137-38.

³³⁰ John Scott Keltie, ‘Some Geographical Problems’, *Geographical Journal*, 10 (1897) pp. 308-23 as quoted in Brian Hudson, ‘The new Geography and the new Imperialism; 1870-1918’, *Antipode*, 9 (1972), pp.147-78.

³³¹ Scott Keltie, ‘Some Geographical Problems’, pp.147-78.

‘damp, steady heat’.³³² The English race was typically perceived as hard working, loyal, intelligent and clean not lazy, stupid, dirty and cruel like the stereotypical native. These stereotypes were frequently reported in many colonies.³³³ Reference was made in the newspapers about the ‘natives’ indolence. Lieutenant C. Shaw of the Scottish Naval and Military Academy described the Maltese gentlemen as ‘a poor set – poor in pocket, and too proud to work; they live, or rather smoke, their way through this world, in a lazy, indolent manner, stinking of oil and garlic’.³³⁴ In another newspaper, a description of a Cypriot groom called Themistocles shows how the ‘native’ was perceived by the English in Cyprus: ‘Themistocles, the groom in 1887, is not conscious of his shortcomings. He is civil and obliging; obedient though without method; willing, though naturally lazy; sober, abstemious, even of his masters’ food, and not inclined to take an extravagant toll even of his master’s barley. But he is no more a groom than a miniature-painter’.³³⁵ It was believed that this groom’s disposition (or the prototypical groom described here) was due to the geographical and climatic factors which determined the character and physical being of so many people in this region. Europeans and North Americans believed that their superiority stemmed from a suitable environment. Conversely, an unsuitable environment moulded indolent and lazy peoples.³³⁶

So in order to avoid this degradation of character and body, the British in tropical colonies developed a new way of describing the climate and environment around them. The ‘men on the spot’ as Wendy Jepson called them, were the medical

³³² Ellsworth Huntingdon, *Civilisation and Climate* (Hawaii, 1915), p.2 as quoted in Mike Hulme, ‘The Conquering of Climate; Discourses of fear and their Dissolution’, *Geographical Journal*, 174 (2008) p.9.

³³³ Hudson, ‘The new Geography’, p.148.

³³⁴ Charles Shaw, ‘Recollections of Service – Chapter V’ in *Caledonian Mercury*, 17331 (August and September 1832).

³³⁵ Anonymous, ‘The English in Cyprus’, *Birmingham Daily Post*, 9090 (1887), p.5

³³⁶ Hudson, ‘The new Geography’, p.148.

officers working across the Empire.³³⁷ Their status within the ranks of the Army and elite society in colonies like India was not high. Those who made it as medical officers in the colonies were typically trained in Edinburgh and Scotland not in the prestigious Oxbridge tradition.³³⁸ Jepson argues that such a cultural and class difference was what ultimately pushed the medical officers to record their findings and painstakingly record their medical topographies. In a way these topographies helped to raise their social status and connected them politically. They created their own niche in the medical world and they had raw data with which to contribute to the discoveries in colonial medicine.³³⁹

Mark Harrison described medical topography as ‘the systematic recording of all factors affecting health in a particular locality’. This of course started from the European consciousness of the role of the climate and the environment in medicine. The old Greek texts were of little use when dealing with epidemic diseases on a big scale.³⁴⁰ In the 1820s topographical writing was still very similar to the older type of documenting of diseases and deaths in colonies. There was nothing novel about medical topographies; however, in India, medical officers began to think that there might be something unique in the Indian climate. They increasingly believed that Europeans could gradually acclimatise themselves to the new surroundings and the new climate in the tropics. The length of residence and a moderate lifestyle could help the English settler in tropical colonies to acclimatise to the environment and live without the fear of contracting dreadful diseases. This belief in acclimatisation continued right up to the 1840s. After the 1840s medical topographies became more

³³⁷ Jepson, ‘Of soil, Situation and Salubrity’, pp.137-55.

³³⁸ Further reading on the education of medical cohort: M. Anne Crowther and Marguerite W. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge, 2007).

³³⁹ Ibid., pp.139-40.

³⁴⁰ Harrison, ‘Differences of Degree’, p.54.

sceptical of the potential of acclimatisation in tropical colonies. By this time hill stations were not proving to be beneficial to everyone, especially those convalescents with liver complaints and those of 'sanguine and plethoric' temperament.³⁴¹ The role of the medical topographer (usually these were the colonial medical practitioners) in the first decades of the nineteenth century was to map out the dangers and explain their effects on the troops' or civilians' constitution and then recommend solutions. At this point they believed that acute illnesses like fevers and epidemics hit both the Indians and the British alike and therefore the conclusion was that the landscape and climate rather than racial differences were the culprits. Such difficulties experienced by the British in India led to more collaboration and acceptance of the native Indian medical practices.³⁴²

Through these studies and the close encounter of the colonial medical officers with widespread disease and epidemics, different paradigms of etiology were created. The metropole's medical opinion was based on the 'contagionist' theory while the colonial medical officers focused on the miasmatic etiology, blaming the environment and the landscape for widespread diseases. This widened the chasm between the two groups of the medical profession; on the one hand 'contagionists' believed that diseases passed through human contact while on the other hand 'miasmatists' believed that diseases were present in the air in the form of miasma. As mentioned above, after the 1840s the disillusion in the idea of acclimatisation was setting in and the British tried to find ways of reforming the landscape instead of waiting for British subjects to acclimatise to the local environment. Great

³⁴¹ Ibid., pp. 59-61.

³⁴² Ibid., p. 52. I explain this analysis in more detail in the Introduction of the thesis.

This collaboration was an example of what Harrison called 'the cultural interaction' between the colonisers and the colonised and the reason why the concept of the 'other' or the 'orient' was not as clear cut as Said described it in 1978.

expectations from medical officers rested on Governmental intervention in public health with the management of various environments. In turn the colonial Governments relied on the medical topographies from medical officers to highlight the problematic zones in the landscape.³⁴³ Therefore, medical officers reported to the Government the rates of morbidity or mortality from fevers, epidemics or general disease in particular areas. These reports were not necessarily in the form of formal medical topographies but they clearly indicated to the Government officials the problematic zones of the area.

The Chief Medical Officers of the Mediterranean colonies sent numerous reports especially during epidemics but also to describe endemic fevers and their prevalence. Such a report was sent in January 1886 by the Chief Medical Officer of Cyprus, Dr Frederick Heidenstam, to the Chief Secretary to Government in Nicosia. He talked of his previous fears and predictions (in March 1885) that summer fevers were going to be widespread in Cyprus and he claimed that unfortunately these predictions had been true. He wrote that the fevers took an almost epidemic form during the months of July, August and September. With this report, Heidenstam annexed a full description of the 'nature, cause and character of the disease'. This report did not survive but the covering letter shows the nature and the type of reports which were frequently distributed between medical officers, local authorities and sometimes imperial authorities in England.³⁴⁴ This information was important for local physicians and colonial administrators to be able to assess whether the widespread fevers were contagious and, if they were, to check how contagious and the best method of containing them. In November 1878 a group of medical officers

³⁴³ Jepson, 'Of Soil, Situation and Salubrity', pp.139-46.

³⁴⁴ TNA, Cyprus, Letters to the Chief Secretary to Government, 'Cyprus Fevers – Descriptive report by Dr. Heidenstam', Frederick C. Heidenstam to Falkland George Edgworth Warren, SA01/4766/1884, 17 December 1885 and January 1886.

in Malta was asked to compile a report about the ubiquity of fever in the Maltese islands. They concluded that such widespread bouts of fever were due to the local atmospheric and telluric conditions, the heavy fall of rain in September and the *Scirocco* winds.³⁴⁵ Another very influential report compiled by two local medical officers in Malta, Drs Antonio Ghio and Gavino Gulia, was entitled *Preliminary Reports on the Mortality and Sanitary Condition of Valletta and the Three Cities*. This report was very often cited and mentioned during the Council debates on the sanitary and drainage reform in Malta. It was used for various ends in the politicised and polarised argument against or in favour of the drainage reform.³⁴⁶

Some medical reports were directly related to the health of the navy or troops and these were instrumental in the stationing of troops and choosing the best landscape for military camps and hospitals. Alexander Murray Tulloch's report on the mortality of the troops, 'On the Mortality among Her Majesty's Troops Serving in the Colonies during the Years 1844 and 1845', which was read before the Statistical Society in 1847, was a typical colonial report which attracted much attention from both the interested public and the military ranks.³⁴⁷ Another report was published in the *British and Foreign Medical Review* in 1841 entitled 'Statistical Reports on the Health of the Navy, for the years 1830-6'.³⁴⁸ Not all topographical studies were produced by well-known or well published physicians. According to Paul Cassar, apart from John Hennen and Francis Sankey, there was another medical

³⁴⁵ TNA, London, Public Records Office, Colonial Office correspondence, 'Outbreak of fever in Malta', Victor Houlton, Medical Officers, Michael Hicks-Beach, Arthur Borton, CO 158/250, November 1878.

³⁴⁶ Antonio Ghio and Gavino Gulia, *Preliminary Reports on the Mortality and Sanitary Condition of Valletta and the Three Cities* (Malta, 1875). More on the Sanitary Reform question in Chapter 4.

³⁴⁷ Alexander Murray Tulloch, 'On the Mortality Among Her Majesty's Troops Serving in the Colonies During the Years 1844 and 1845', *Journal of the Statistical Society of London*, 10(1847), pp. 252-59.

³⁴⁸ John Wilson, 'Statistical Reports on the Health of the Navy, for the years 1830-6 (South America, West Indian and North American, Mediterranean, and Peninsular Commands)', *British and Foreign Medical Review*, 11(1841), pp.182-94.

officer interested in recording the topographical records of Malta. John Davy, like Hennen, achieved his MD from Edinburgh University and entered the army as a surgeon, achieving the post of Inspector General of Army Hospital later on in his life. He wrote *Notes and Observations on the Ionian Islands and Malta* which was published in London in 1842. In the *Notes* he admired the skill and industry of the Maltese peasants and was impressed with the large underground tanks storing rain water from roofs and roads.³⁴⁹ In a similar way to the medical interest shown by English medical officers in Indian medical practises, Davy became interested in local Maltese traditions (medical or otherwise).

Therefore these topographies were strongly linked to epidemiology in all the different contexts as described above. They were used in different medical and administrative levels of the colonial world and they enabled the colonial medical community to predict epidemics. These topographies also helped colonial medical officers to understand the geographical pathology of disease. They began studying local practices, in a similar way to Davy's approach in Malta, they could better understand the landscape and all health-related issues (for example how the porous Maltese stone filtered rain water and produced potable water and how drainage could easily seep through into the natural rain water reserves). Medical topographies therefore may have acted as a 'Revival of the East' or a revival of native customs and practices. Harrison argued that the medical topographies were in a way acting as an agent for the revival or rekindling of the interest of the 'natives' in their own land and in their medical practises.³⁵⁰

³⁴⁹ Paul Cassar, 'British Doctors and the Study of the Medical and Natural History of Malta in the Nineteenth Century', *Melita Historica* 3(1963), pp.34-36.

³⁵⁰ Harrison, 'Difference of Degree', pp.65-66.

Harvesting of Data in the Colonies

In the 1830s and 1840s the belief in the necessity of acclimatisation started to wane. Other explanations needed to be offered for the high morbidity in the colonies. To this end there was a rise in the interest of medical officers and also the Colonial Office in gathering data for the purposes of understanding and dealing effectively with the landscape and effects of climate on colonial and native troops. Mark Harrison cited statistics collected between 1830 and 1850 to show the high rates of morbidity and even mortality rates in the Bombay Presidency, including data from the papers of the Inspector-General of the Army Hospitals, Sir John Hall. The highest rate of deaths per 1000 British troops was 107.5 in 1845.³⁵¹ Over two decades the total strength of the crown troops in Bombay was 93,094 men out of which 5,396 deaths were recorded (i.e. 58 per thousand). This was almost five times higher than the rates produced by John Tulloch in his report about the colonies. He used the Malta Fencibles as an example of healthy corps. In 1845 the corps was 575 strong with only 5 deaths in that year (only 12 per thousand).³⁵² Tulloch divided the statistics on 'white troops' into two groups: 'healthy stations' and 'tropical or unhealthy climates'. The 'healthy stations' were composed of the Mediterranean Stations, the American Stations and the Four Stations of New South Wales. Of these stations the healthiest was that of Australia with only 12.8 deaths per 1000 troops. The Mediterranean stations and the American station recorded 14 and 13.7 respectively. The 'tropical, or unhealthy climates' referred to Mauritius, Jamaica, West India Islands and Ceylon. The ratio of deaths annually per 1000 white troops

³⁵¹ Harrison cautions against accepting these figures because he claims that they incorporate the morbidity and mortality of the troops during the Afghan War (1839-1842) and the Sikh Wars (1845-46 and 1848-9). He also claims that medical officers in India were also aware that the rates of illness were usually higher in the months of September and October because of the monsoon season.

³⁵² Mark Harrison, *Climates and Constitutions: Health, Race, Environment and British Imperialism in India (1600-1850)* (Oxford, 1999), pp.129-30.

was 42.1. That was at least three times more than the 'healthy stations'. Tulloch's argument was that the 'natives' of a country suffered considerably less than the colonial troops. Therefore, he argued that the climate had to be suitable for the troops serving in it. He concluded with these words:

They [military statistical returns] serve to indicate to the restless wanderers of our race the boundaries which neither the pursuit of wealth nor the dreams of ambition should induce them to pass, and proclaim in forcible language that man, like the elements, is controlled by a Power which hath said, "Hither shalt thou come, but no further".³⁵³

This certainly shows the aversion of Tulloch to the ever-expanding Empire and also his disbelief in acclimatisation. The gathering of data continued and intensified throughout the nineteenth century. In the second half of the nineteenth century, colonial data was systematically collected in the Blue Books. This of course generated more organised and invariable data over a longer period of time.

Compared with the South East Asian stations, the Mediterranean garrisons fared much better. Nonetheless in the colonial literature on Malta and Cyprus, high rates of morbidity associated with fevers were frequently reported. Gail Hook described the remittent fevers of Cyprus and indeed all over the Mediterranean countries, as being most probably malaria. The British troops were affected more severely than the Cypriots.³⁵⁴ David Bocci, Chief Engineer to the Royal Engineers, remarked in one of his reports that the mortality amongst the troops in 1878 was higher than amongst the local inhabitants.³⁵⁵ Esmé Scott-Stevenson, the wife of Captain Andrew Scott-Stevenson, described in her diary *Our Home in Cyprus* how the

³⁵³ Tulloch, 'On the Mortality among Her Majesty's Troops', pp. 253-59.

³⁵⁴ Hook, 'The Britons in Cyprus 1878-1914', p. 234.

³⁵⁵ TNA, London, Public Record Office, David Bocci, *Report on the Sanitary condition and Drainage of the District of Famagusta and the Mesaoria in Cyprus* (Parma, 1880), CO 883/2.

troops in the Forty-Second Regiment were decimated by the fever. She ascribed this fever to the mismanagement of the troops when they landed in Cyprus. This Regiment landed in Cyprus in July and was ordered to camp on 'Chifflick Pasha' which was a great open plain with no trees or vegetation for shelter. The troops were camping in thin single bell tents which she described as only fit for the volunteers at Wimbledon in England. She attributed the sickness amongst the troops to the heat of the sun and the lack of provisions, including water, during the hours after they landed. She described the 'Chifflick Pasha' as being near 'the Salt Lake of Larnaca, and the noxious vapours that always arise from these stagnant pools cannot have helped to render the air more salubrious.'³⁵⁶ This incident, as described by Esmé Scott-Stevenson, took place on the first day of the British occupation of Cyprus. Accounts of the morbidity and mortality following this incident were catalysts for the bad reputation that Cyprus' climate acquired in England for decades to come.

The reports passing between Cyprus and London about the medical condition of the troops and the healthiness of Cyprus were at times contradictory. This fuelled disagreement on the salubrity of the climate of Cyprus in England. In the correspondence between the Under Secretary of State in the Foreign Office, the Secretary of State for the Colonies and the High Commissioner, Wolseley's report on the health of Cyprus, showed that there was no serious illness amongst the troops. This was an obvious understatement by Wolseley because in the same year, 1878, he contradicted himself when he asked for six physicians to be sent without delay to help with the high number of invalid troops. The Colonial Office refused to send physicians to Cyprus and Wolseley was ordered to find 'suitable localities... in Cyprus

³⁵⁶ Scott-Stevenson, *Our Home*, pp.37-38.

for such invalids... [who] cannot be sent home to England'.³⁵⁷ According to an article in the *British Medical Journal*, it was reported in 1879 that out of a regiment of 850 troops, 161 were constantly sick. This meant that 189.41 per thousand troops needed hospitalisation. Following these conflicting reports and messages in Wolseley's correspondence and the high morbidity rates quoted in England, the First Lord of the Admiralty W. H. Smith and the War Secretary Colonel Stanley visited Cyprus towards the end of 1878. They were appalled by the condition of the troops, the number that were ill and the high mortality rates. Due to the high rates of morbidity and illnesses, by December 1878, the troops were removed from Cyprus and only one battalion and two companies of the Royal Engineers remained on Cyprus.³⁵⁸ Despite Smith's and Stanley's report, in a letter sent from Cyprus to London, Wolseley still claimed that 'there has been a great deal of light fever: we have lost a few men from fever, and we still have a little slight fever amongst us; but even as regards health I feel certain that, when the men are well lodged in good barracks in well-selected positions, the troops will be healthier here than the garrison of Malta.'³⁵⁹ Both Wolseley and Scott Stevenson's remarks were more favourable towards the climate in Cyprus than other reports from or sent to England during the first few decades of British domination.

The Mediterranean Hill Station

Towards the mid-nineteenth century, it became clear to the British abroad that acclimatisation was not the answer for better health for the troops and civilians in the

³⁵⁷ TNA London, Public Record Office, Colonial Office Cyprus Collection CO67, Marquis of Salisbury to Ralph Thompson, CO 67/2, August, September 1878.

³⁵⁸ 'Colonel Stanley On The Health Of The Troops In Cyprus And India', *British Medical Journal*, 1(1879), pp.356-57.

³⁵⁹ 'Letter from Cyprus', *Macmillan's Magazine*, 39 (1878), p.96.

colonies (especially in the tropical or a sub-tropical countries).³⁶⁰ The hill stations in India were specifically intended for the British troops, women and also the Government to 'retire' to during the gruelling hot summer months. The decision to move to the hill station during the warm months of the summer was a difficult one. The decision to go to the hill station had political implications for the Government in India. The British decision to leave the plains and uproot the Government offices and personnel to the isolated and difficult-to-reach mountains, was risky for the political stability of the colonies in India.³⁶¹ It was frowned upon by both the authorities in England and the Indians: they believed that the Government seat and its offices should remain in the plains. David Livingstone called the hill stations, the sanatoriums, the grand tour and the furlough, all part of the 'distinct suite of therapeutic sites' created by the colonial British.³⁶² Judith Kenny described the hill stations as 'a racial and spatial category that symbolised superiority and difference'.³⁶³

Despite knowing that the best protection against the tropical climate was deemed to be the altitude, the British were slow in taking up these ideas in India. Kenny discussed the conflict between the Madras Governor, Lord Elphinstone and the East India Company Board of Directors. Elphinstone was twice reprimanded for having stayed in the hill station for eleven months in 1840. His stay in the hill station was seen as contrary to the Government law and he was ordered back to the Presidency. This battle continued for the next thirty years and ruling from the hill station was prohibited. After the 1857-8 mutiny the belief that all men were

³⁶⁰ Harrison, 'Differences of Degree', p.65.

³⁶¹ Queeny Pradhan, 'Empire in the Hills: The Making of Hill Stations in Colonial India', *Studies in History*, 23 (2007), pp.33-91.

³⁶² David N. Livingstone, 'Tropical Climate and Moral Hygiene: The Anatomy of a Victorian Debate', *British Journal for the History of Science*, 32 (1999) p. 108.

³⁶³ Judith T. Kenny, 'Claiming the High Ground: Theories of Imperial Authority and the British Hill Stations in India', *Political Geography*, 16 (1997), p.656.

fundamentally reasonable and all subjects could be cultured and educated was abandoned by the British. The fears of another uprising or mutiny were ever present and the temporary removal of the seat of Government during the hot months from the plains to the hill stations became increasingly problematic. In the local newspapers, the practice of leaving the plains for the hill stations for about nine months of the year became increasingly unpopular amongst the Indians. Kenny has argued that the new utilitarian ideals within the Government in India suggested the need for a new imperial seat of Government. However, the 'new order' required that the seat of Government remained close to the people, especially after the 1857-8 mutiny. Ultimately a combination of arguments about climate, race and imperial authority justified the use of the hill stations as a Government seat.³⁶⁴ Harrison has argued that although it was generally accepted that the British were unfit for service in India, it was commonly believed that certain steps could be taken to mitigate the effects of the foreign climate. Such steps included the use of sanatoria and the hill stations.³⁶⁵

Similarly, soon after the occupation of Cyprus in 1878, the British established a hill station. Since their arrival, the British claimed that the island was ridden with fevers. However, from the documents available, it is quite difficult to ascertain the extent of the unhealthiness of Cyprus during the first few years of the British protection. Cyprus was shrouded in a political argument at the time, and those in favour of the acquisition of Cyprus claimed that the general unhealthiness was not out of the ordinary, whilst others, opposing this political move, claimed that the climate was too unhealthy for the garrison and the troops. In 1883 the *Cyprus Herald*, a weekly newspaper published in English in Cyprus, attacked Lord Wolseley and the

³⁶⁴ Ibid., pp.660-71.

³⁶⁵ Harrison, *Climates and Constitutions*, p.131.

British authorities in general for the maligning of the climate of Cyprus.³⁶⁶ The newspaper challenged

Let anyone who has been there, compare their memory of the amount of sickness suffered in places like Malta and Gibraltar, with their present experience of the state of health in this Island, and let them say if this is the 'pestilential hole' it is officially (out of Cyprus) said to be.

The newspaper then went on to claim that the reason for this bad reputation for Cyprus' climate was quite obvious:

as long as a Liberal Ministry is in power, so long will this acquisition of Lord Beaconsfield's be despised and neglected. Its' revenues drained for tribute, it is deprived of the chance of increasing them in rising to her proper place as the first health-resort in the Mediterranean by false and unfounded statements of the unhealthiness of her climate.³⁶⁷

Messrs. Cook and Sons sent Alexander Rostovitz to conduct an independent (i.e. non-Governmental) report on the sanitary condition of Cyprus. After the conquest of Cyprus in 1878, the island became a place of immense interest to Victorian tourists. Messrs. Cook and Sons received a great amount of interest on Cyprus from Victorian travellers. So, when Rostovitz was sent to report on the climate of Cyprus, he claimed that the climate was 'not favourable, except as regards the Northern part

³⁶⁶ The *Cyprus Herald* was a weekly newspaper published in English by the merchant and businessman J.W. Williamson. Born in Smyrna in 1856 from British parents, Williamson went to Cyprus and amongst his business endeavours he was also an editor of the *Cyprus Herald*. In 1885 Williamson was involved in a spat with the Chief Secretary to Government Warren for refusing to abide with the enforcement of the Turkish Press Law and consequently refusing to send Warren a free copy of the *Cyprus Herald* every week. For more see: British Museum Collection Database Biographical Details of J.W. Williamson, extract available online at http://www.britishmuseum.org/research/search_the_collection_database/term_details.aspx?bioId=94252 (10 May 2013). J. W. Williamson, 'The Ottoman Press Law as Attempted to be applied to the Cyprus Herald the only English newspaper published in the island of Cyprus', *Foreign and Commonwealth Office Collection*, (Limassol, 1885), pp. 1-20.

³⁶⁷ *Cyprus Herald*, 8 September 1883, p.1

of the Island. From the month of June until the commencement of the rainy season... fevers and diarrhoea abound. The excessive heat and great humidity, the bad quality of the water and the storms, are, in my opinion, the principal causes, combined with bad food.³⁶⁸

As a consequence, the British in Cyprus established the first and the only hill station in the Mediterranean. In 1878, owing to the increase of fevers and the general decline of the health of the troops, within two months of his arrival in Cyprus, General Wolseley declared that Cyprus needed a hill station. Lieutenant-General Sir Garnet Wolseley, was familiar with the way hill stations worked. He served in India for a small period of time in 1877 and decided to adopt the same strategy. As argued above, Wolseley consistently denied that Cyprus was insalubrious or that the British troops were not constitutionally fit to stay in this island. Despite this, he founded a hill station in September 1878. These decisions were taken while in London uncertainties over the status of Cyprus continued to be discussed and the Liberal opposition continued to question the value of this island in the Mediterranean and imperial contexts. At this point, the fate of Cyprus, and whether Cyprus should be kept as a British protectorate was still being debated by the House of Commons. Despite this indecision from London, Wolseley decided to settle in the hill station and move the Governmental offices on Troodos Mountain as well.

Wolseley found it difficult to choose a place for his headquarters and while he preferred to have civilian and military establishments contained in the same place, he was forced to choose a better place than Nicosia, which he claimed was nothing

³⁶⁸ Alexander Rostovitz, *Report of the Special Commissioner of Thomas Cook and Son Respecting Cyprus* (London, 1878), p 3. Alexander Rostovitz was born in the northern part of Greece but at an early age went to live in Cairo. As a young man, his abilities brought him in contact with Garnet Wolseley and he was put in charge of the provisions of the troops in Sudan. For a long time he was an important member of the Greek community in Cairo. He was a widely travelled man and founded a steam shipping company to provide leisure trips up and down the Nile River. He died in 1919.

more than ‘one great cess-pit into which the filth of centuries has been poured’.³⁶⁹ At first Kantara was chosen for a hill station because it was in Famagusta and overlooked the harbour. There were great hopes for this harbour and the British Government at the time had the intention of using it as the hub of the military base which Cyprus was to become. The attacks of the Liberals continued however, and the press increased the pressure on the choice of Cyprus as a place d’armes. By December 1878, Wolseley, undeterred by the indecision about Famagusta harbour, decided that the southern end of the Troodos mountain range was an appropriate place for the establishment of the hill station. By May 1879 the site was occupied by the Government, the garrison and married families, all encamped on Mount Troodos. After a visit to Cyprus, by the Lord of the Admiralty W.H. Smith and the War Secretary Colonel Stanley, Lord Salisbury told the Government in London that Britain could not afford the construction or dredging needed to make Famagusta Harbour clean. Therefore the decision was shelved and Mount Troodos was fully endorsed as a camp site for the troops, civilians and the British Government during the summer months.³⁷⁰

Contrary to what happened in India, the Cyprus hill station was chosen and used within few months of the British occupying Cyprus in 1878. There were no great deliberations in Cyprus as there were in India and certainly no need to appease the East India Company. Wolseley was still undecided about the site for the Government House and this was the main contention which drove him to look at the mountainous regions of Cyprus. The historians Andrekos Varnava discusses the difference between the Government House Nicosia (which was built later on) and

³⁶⁹ Andrekos Varnava, ‘Maintaining Britishness in a Setting of their own design; the Troodos Hill station in Cyprus during the early British occupation’, *Exploring the British world: Identity, Cultural Production, Institutions*, (2004), pp 1102-04.

³⁷⁰ Ibid., p.1106.

the Government House Troodos. The writer and Colonial Office official, Harry Luke described Government House Troodos as ‘an unpretentious affair’ and Varnava claimed that it was a more fitting residence for the High Commissioner than the wooden prefabricated structure sent to Wolseley by the War Office and erected in Nicosia. Varnava claimed that the fact that there were few photographs or paintings of it shows the embarrassment of the British for this structure. In 1926 the Cypriots burned down Government House in Nicosia and it was the first time that the *Illustrated London News* published the pictures of how it looked before and after. By contrast the Government House Troodos, or as was later renamed the Government Cottage, was frequently painted and photographed with a mountainous backdrop and enshrined amongst the pine trees of Troodos.³⁷¹

Thus a pattern of dual residence emerged in Cyprus as in other colonies with hill stations. The temporary location, the hill station, was supposedly constructed and retained for health reasons but in reality was frequently used for social and recreational purposes. Furthermore, it also provided something more than an aesthetically pleasing and recreational place. It represented an approximation of life back ‘at home’. The life in these hill stations was free of the restricted social life of the plains, the hot and unhealthy climate and it was free of the large numbers of the local indigenous population.³⁷² More important to this study, the hill station in Troodos represented the division in the British perception of Cyprus’ climate. The hill station did not only recreate an English life but it also physically and geographically segregated the rulers from the ruled and the hot dusty climate from the cool mountain weather.

³⁷¹ Ibid., pp 1113 -15.

³⁷² Anthony D. King, *Culture, Social Power and Environment* (London, 1976), pp.156-79.

In the case of Troodos Hill Station it is important to recognise the limits of colonial scientific knowledge. The hill station served an important role within the geographies of imperial discourse, yet, as the scholar Sujit Sivasundaram suggests in his work on the Indian hill stations, Mount Troodos as a colonial space did not emerge out of a vacuum. Sivasundaram has explained the ways in which historical geographers have considered landscape as the 'site of symbolic production' in a colonial context. Yet, he argues, when the meanings of the landscape are studied, what emerge is the 'layers of embedded signification', rather than the character of the colonial space that was the foundation of the landscape.³⁷³ In the case of the Troodos Mountain, colonial discourse has overlooked traditional ties of the islanders with the mountain and the role that this place (together with other rural areas) had in the extraction and use of flora for medicinal or other purposes. This space had other traditional 'layers' of meaning for the islanders but these are never part of colonial discussions over the use as a colonial site.

The Mediterranean or Undulant Fever

While in Malta, the British authorities endeavoured to discover the cause of undulant fever, in Cyprus the High Commissioner moved the Government seat to the higher plateaus of Troodos Mountain to escape the fevers. In both cases the recognition of the British garrisons' susceptibility to illnesses (especially fevers) was the main incentive for drastic measures. In Cyprus, the British rulers established a hill station while, in Malta, a scientific commission was charged with discovering the bacillus and the cause of the undulant fever. The illness known today as *Brucellosis Melitensis* was

³⁷³ Sujit Sivasundaram, 'Islanded: Natural History in the British Colonisation of Ceylon', in David N. Livingstone & Charles W. J. Withers (eds), *Geographies of Nineteenth-Century Science* (London and Chicago, 2011), pp. 123-48.

prevalent in the Mediterranean especially amongst the British troops and the corps stationed in the Mediterranean garrisons. It was variously called Rock Fever, Gibraltar Fever, Mediterranean Fever, Malta Fever, Cyprus Fever and Undulant Fever. Most of the names were self-explanatory: British troops suffering from these fevers in Gibraltar, Malta, Cyprus and the Mediterranean named the fever after the colony or region. It was also called Undulant Fever because the resulting fever rises and falls during the days of the illness. The patient developed normal symptoms of a cold with sweats, chills, excessive abdominal pains and headaches and later on loss of appetite and weight. The illness could develop into a chronic one or remain acute. At times it was also fatal when complications like endocarditis developed. In some patients, especially those who developed the chronic illness, the fever recurred and lasted for years.

In the nineteenth century, Undulant Fever was widespread and different medical officers reported its occurrence even in India. Captain George Lamp, a medical officer graduated from Glasgow University, reported in 1901 the occurrence of the Mediterranean Fever in Bombay. At times, he claimed, many medical officers misdiagnosed this fever and called it 'simple continued fever', 'low fever', and 'non-malarial remittent fever'.³⁷⁴ The Undulant Fever was crippling the garrisons, especially those in the Mediterranean harbours. In one year alone out of 7,000 men stationed there, an average of 312 admissions was made in hospital every year from this one fever alone. The sailors also suffered high levels of morbidity. In 1905, this Fever was responsible for the admission of 643 troops to the Military Hospitals and during the same year 403 officers and troops were sent back to England to recover. In 1901, the British Government, alarmed by the illness amongst the troops, asked

³⁷⁴ Wellcome Archives London, Pamphlets on Undulant Fever, 'The Occurrence of Mediterranean or Malta Fever in Bombay', George Lamp, 1901, RMS FOL.TR.513.

the Royal Society to investigate the matter. The Royal Society sent out a Commission to Malta chaired by Colonel David Bruce of the Royal Army Medical Corps.³⁷⁵

In 1897, Ronald Ross had just discovered the means by which malaria was transmitted. The Maltese Government bacteriologist Themistocles Zammit, believed that there might be a connection with the Malta Fever. He started extensive fieldwork and correspondence with Ross on mosquitoes. By 1902, Zammit was almost sure that mosquitoes played a part in the Malta fever and Bruce notified the Royal Society about Zammit's work. Thus, Bruce initiated a process which ultimately resulted in the formation of the Mediterranean Fever Commission. The discovery and the work leading to it are very well documented in Maltese historiography. One of the main bones of contention is that Zammit, the only Maltese doctor on this Commission, was never given full recognition for the discovery. Historians D.J. Vassallo and Vivian Wyatt both argued how Bruce subtly gained credit as the discoverer. Ultimately Surgeon Shaw (who was one of the members of the Commission working in Malta) and Zammit solved how brucellosis was being transferred from animals to humans. The results showed that goats' milk and blood carried the bacillus and humans were infected when they came in direct contact with the bacillus. The most common way of contracting the disease was by ingesting unpasteurised goats' milk which was part of the staple diet in Malta.³⁷⁶ It is important to recall that apart from being a daily component of troops' diet, the goat was usually brought to the customer's threshold and milked fresh in front of the customer. Most

³⁷⁵ Wellcome Archives London, Pamphlets on Undulant Fever. 'The Extinction of Malta Fever', Colonel David Bruce, 1908, TRO WC310 1896-P18.

³⁷⁶ D. J. Vassallo, 'The Saga of Brucellosis; Controversy over Credit for Linking Malta fever with Goats' milk', *Lancet*, 348 (1996), pp. 804-08, Wyatt, 'How Themistocles Zammit found Malta Fever', pp.451-54.

Maltese drank the milk fresh and warm. Temi Zammit himself reported around 700 cases related to this fever every year with thousands of days lost from work.³⁷⁷

This discovery, revolutionary in the study of epidemiology, was also part of a new spate of emerging medical discourses and new perceptions of the environment. Practitioners of Western medicine found huge opportunities for medical experimentation in the colonies, and were lured by the chance to be the first to discover something new and the recognition that went with it. Harrison explains how even at the height of the British Empire, at the turn of the century, the interaction between colonial medicine and indigenous medicine continued and flourished. The work of the British scientists was moulded and influenced by their experiences in the colonies. This is exactly what happened in Malta. The high rates of fever amongst the troops and the British citizens in Malta called for new ideas and a Commission was set up after the first work done by the Temi Zammit. Of course, these discoveries in the peripheries had a considerable impact on the scientists working in the metropole. The scientific discoveries in the colonies were further developed by scientists in England and further contributions were made to the field of medicine.³⁷⁸ The discovery of the *Brucellosis Melitensis* was made at the turn of the twentieth century. The statistics of morbidity and mortality of troops from the undulant fever marred the reputation of these island colonies as a salubrious or healthy climate. News of the undulant fever would have deterred many from going to the Mediterranean islands and areas where undulant fever and other malarial fevers were known to be rife.

³⁷⁷ Wellcome Archives London, Pamphlets of Undulant Fever, 'The Mediterranean Fever from a Sanitary point of view', Themistocles Zammit, May 1902, Vol.1, TRO WC310 1901-P18.

³⁷⁸ Harrison, 'Science and the British Empire', pp.60-61.

This discovery also made an impact on local health policies, including veterinary ones. Goats were compulsorily checked by Government commissions and if found infected with the bacillus were ordered to be slaughtered and discarded, at times causing controversy and anger against British authorities. There was an average of one hundred and four cases of Malta fever each year from 1902 until 1905. As more people began to boil milk and enforcement was rigidly controlled, cases of fever amongst the garrisons went down to fifty in 1906 and only one case was noted between 1906 and 1907. From 1906 onwards the British services used only condensed or evaporated milk. The situation was quite different for the Maltese islanders. Boiling goats' milk destroyed its flavour and many were too poor to have the means to boil milk. Despite warnings by the Sanitary Officers on the dangers of unboiled milk, many Maltese drank milk 'raw', and used it in raw foods like soft cheeses and ice-cream. In 1906 the goatherds went on strike to prevent the authorities from checking their herds for the presence of the bacillus. The situation did not improve for the Maltese people as statistics show that in 1934, the hospitals reported 1909 cases for just one year. Although rules were in place, there was no rigidly enforced control over the milk or goats used for the islanders' consumption. It was due to the problems associated with persistently high mortality and finally eradicating the bacillus that in 1931 a Special Committee was set up to consider the pasteurisation of milk. In 1938 the Milk Centre was opened, goats' milk was stored in area depots around the island, and the milk was weighed, cooled, put into cans and taken to the Milk Centre for pasteurisation.³⁷⁹

Using Sujit Sivasundaram's island-centred perspective analysis of Sri Lanka's colonialism, similar patterns to the story of the discovery of *Brucellosis Melitensis*

³⁷⁹ Vivian Wyatt, 'Brucellosis and Maltese Goats in the Mediterranean', *Journal of Maltese History* 1(2009), pp. 4-13.

emerge. While in Sri Lanka, the creation by the British of botanical gardens at Peradeniya was ultimately possible due to the passing of local botanical information from key Kandyan collaborators to British scientists, the same happened in the laboratory set up by Bruce in Valletta. Bruce's Mediterranean Fever Commission employed only one Maltese scientist. However, it was ultimately his local knowledge of the distribution of goat's milk and the unavailability of monkeys in the island that made the discovery possible. Similarly to the botanical gardens at Peradeniya, local knowledge was essential to the success of the venture and in both cases the trickle of local information was the key to an important scientific discovery.³⁸⁰ This highlights the importance of considering and consulting local experts and using local expertise to understand endemic health issues like the *Brucellosis Melitensis*.

Conclusion

In conclusion, I wish to draw out some of the most important ideas discussed in this chapter. Its major historiographical contribution revolves around the assertion that the Mediterranean basin was not perceived or understood by the Victorian English health seekers as a single, homogeneous place. The basin simultaneously contained British protectorates and colonies as well as places which were perceived as 'exotic'. In the medical travelling literature it is evident that not every resort was acceptable and not every resort or country was desirable for the different medical categories of illnesses. Parts of the northern Mediterranean were renowned for their curative properties for various illnesses, amongst which phthisis was the most common. As discussed, the southern parts of the Mediterranean were not as popular with health

³⁸⁰ Sivasundaram, 'Islanded', pp. 141-48.

travellers as other resorts and spas in the north of the Mediterranean. Furthermore, only sufferers of particular illnesses (or rather those who were not too ill) would benefit from a season or two in these often too warm countries.

This research makes a new contribution to the historiography of the history of climate and environment in the Mediterranean by considering ‘civil’ and colonial aspects in one study. The contemporary body of literature tends to focus either on health travellers’ accounts and their experiences in health spas, or on the health of British colonies in a colonial context. I believe this hampers a coherent study of the Victorian efforts to comprehend and adapt to a Mediterranean climate whether they wished to do it for health reasons or just because they were posted to a Mediterranean garrison. This work joins both parts together urging the reader to think about these islands and other parts of the Mediterranean Sea in terms of the regional and the colonial aspects. Both facets were important for the medical traveller. The attraction towards Mediterranean resorts was also cultural and social. It was important for the health traveller to know that roads were passable, that hotels were of a certain standard and that physicians could be found and consulted in English.

The voyage from the northern parts of Europe into the South was an experience and a cure in itself. Indeed, some consider the voyage to have curative properties. However, for other travel journal writers, voyages destroyed the constitution and the willpower of the patient and could only injure the sick mind rather than help heal the sick body. This view was not confined to journal writers only but was quite common amongst physicians who cautioned patients against overly arduous journeys and echoed the same advice.

This chapter has described both views of the Mediterranean region and climate, namely the view adopted by the British medical travellers and the medical profession, as well as how it was reported by the colonial authorities to the medical profession and the general public. While on the one hand, civilians and physicians looked with complacency on most parts of the southern Mediterranean, on the other hand colonial medical officers in the Mediterranean colonies were often far more critical of the South Mediterranean climate. In the colonial literature, the negative aspects of the climates of these colonies were highlighted and fervently discussed. High rates of morbidity and mortality rendered the Mediterranean stations far from salubrious. This is reflected in the need of creating a hill station in Cyprus and the need to discover the origins and the transmission of the dreaded Mediterranean Fever.

It is hard to discern how the southern parts of the Mediterranean were perceived by English invalids travelling to the south for health reasons. Much of the medical literature was ambiguous on the sub-tropical Mediterranean climate. Many medical travellers preferred to limit themselves to the 'beaten tracks' when it came to choosing the resorts or spas in the Mediterranean. In contrast, the British garrisons in the Mediterranean could not avoid the Maltese, Gibraltar, Corfu and Cyprus stations. In the latter, after being hit by severe bouts of fevers, they were evacuated and sent to other stations in the Mediterranean en route to England. In the other stations, medical topographies and other statistical data gathered in blue books and official reports, gave the necessary medical information to the colonial administrators to prevent or contain some of these diseases or fevers. Scientific and medical discoveries were therefore encouraged and sponsored; with the hope of reducing the

morbidity and mortality rates which were so high for the otherwise healthy Mediterranean stations.

This Chapter also discussed the concepts of Mediterraneanism (referring here to the theoretical framework) and Orientalism, for a better understanding of the perceptions of the Victorian British rulers and the medical cohort in England. Evidence in this chapter showed how difficult it was for the Victorians to categorise the Mediterranean region. Some medical practitioners endorsed the climate of these islands, others scoffed at them. The military and the naval reports described horrible climatic and health conditions. The Mediterranean region had a myriad of climates and the islands under study were not the exception. Contrary to Said's and Herzfeld's Orientalism/Mediterraneanism paradigms, by using the example of climatic differences in the Mediterranean region, this chapter showed cracks in the West-Orient and the North-South paradigms. In a colonial setup, (as other chapters will also show), the relationship between the British imperialists and the Mediterranean subalterns was different from the relationship between imperialists and subalterns in South East Asia and Asia. The Mediterranean was healthier (compared to India), it was exotic, yet not too exotic, and the climate could be beneficial (if used in the right way, in the right doses and in the right places). Therefore, a simple North-South or West-East dichotomy is not enough to describe the relationship that the Victorians and the British imperialist had with the Mediterranean island colonies. This chapter showed that a more complex analysis of this relationship is required and even then, perhaps one cannot use a single theoretical framework to analyse the relationship between each Mediterranean country and the British rulers.

This study also discusses the importance of these islands in relation to the changing epidemiological ideas on medical travelling. By looking at both the regional and the colonial aspects of this study we can see the major difference between Malta of 1813 when Byron visited it and Malta of the 1900s when the *Brucellosis Melitensis* was discovered. By the discovery of the *Brucellosis Melitensis* in Malta and the creation of a new and unique Mediterranean hill station in Troodos in Cyprus, both the British garrisons and the islanders contributed to new epidemiological changes in these islands keeping the ideas of acclimatisation and healthy environments at the forefront of these new changes. This work also shows how the data harvested from the colonies, the travel journals and the medical pamphlets and books all influenced the British public and helped to generate a collective perception of the Mediterranean climate and its northern and southern resorts.

3

Endowments and Charities: State Intervention in Malta and Cyprus

For centuries the principle of charity was debated by theologians, encouraging fellow brethren to give charity to those in need. The notion of charity as a moral obligation exists in all major religions. Influential Christian theologians such as Thomas Aquinas preached that ‘the habit of charity extends not only to the love of God, but also to the love of our neighbour’.³⁸¹ Caliph Abu Bakr (believed by Sunni Muslims to be Muhammad’s successor) established *ṣakat* (or charity) as one of the five pillars of Islam. He dictated that *ṣakat* had to be paid to the legitimate representative of the Prophet’s authority.³⁸² Different religions have similar charitable and philanthropic practises. Recently historiographical studies have focused on how the themes of charity and philanthropy in Christianity, Islam and Judaism have large areas of overlap.³⁸³ Using these studies, this chapter will focus on the case studies of Malta and Cyprus. During the nineteenth century, Malta was staunchly Catholic, while Cyprus had a majority Greek Orthodox population with Islamic and Latin Catholic

³⁸¹ Thomas Aquinas, *Summa Theologica* (Raleigh, 1999), p.2339.

³⁸² Ulrich Harmann, ‘Islamic Duties in History’, in Gerald Hawting (ed), *The Development of Islamic Ritual* (Aldershot and Burlington, 2006), p. 301.

³⁸³ Mark R. Cohen, ‘Introduction; Poverty and Charity in Past Times’, *Journal of Interdisciplinary History*, 35 (2005), pp. 347-60, Monica M. Gaudiosi, ‘The Influence of the Islamic law of *Waqf* on the Development of the Trust in England; the Case of Merton College’, *University of Pennsylvania Law Review*, 136 (1988), pp. 1231-61, Guiliana Gemelli, ‘Religious Traditions and their Evolutionary Relations with Philanthropy’, in Guiliana Gemelli (ed), *Religions and Philanthropy; Global issues in Historical Perspective* (Bologna, 2007), pp. 7-43.

minorities.³⁸⁴ In both case studies, the connection between charity and religion is so strong that it is almost synonymous.

Inherently, religions follow particular dogmas and rituals, such as charity-giving. Most importantly, however, are the spirit and the motives in which charity is given. Although many benefactors were moved by religious intentions, in her work *Religions and Philanthropy*, Guiliana Gemelli described 'giving' as an essentially social (rather than religious) transaction where the poor people in situations of economic uncertainty give more than the rich and those with political or social security.³⁸⁵

Sandra Cavallo also addressed the issue of benefactors' motivation for charity. She explained that social and economic factors, and ideological issues such as religion, motivated benefactors to give charity.³⁸⁶ Charity-giving or help in the community was not restricted only to monetary donations. Mutual help was very important in certain contexts and informal charity through family networks certainly helped the neediest. This chapter will take a brief look at how self-help and informal aid like help from Mutual Societies were the only charities supporting the working-class poor in both England and Malta. Much of the parish charities consisted of doles of clothing, food, coal and money.

Other forms of charity started appearing in the eighteenth and nineteenth centuries. Women benefactors favoured women's charities such as the lying-in hospitals or endowments to widows. This type of charity might have been motivated by personal experience. Another type of popular charity was aid to the elderly.

³⁸⁴ In this research the phrase 'Latin' or 'Latin Church' refers to the Roman Catholic religion (with the Holy See/Pope as its leader) as opposed to the Greek Orthodox Catholic religion (with the Pope and Patriarch of Alexandria and All Africa at its helm). The word 'Latin' is used in this context to differentiate between the Catholics of the East and those of the West after the schism of the Catholic Church in the eleventh century.

³⁸⁵ Ibid., p. 17.

³⁸⁶ Sandra Cavallo, 'The Motivations of Benefactors: an Overview of Approaches to the Study of Charity', in Jonathan Barry and Colin Jones (eds), *Medicine and Charity Before the Welfare State* (London and New York, 1991), pp. 50-54.

Benefactors' growing concern with their own travails in old age and death most likely motivated this type of philanthropic aid. Thus, it is clear that these motivations were not always religious but not wholly secular without moral value either. In the nineteenth century, various forms of traditional and informal medical relief coexisted with services offered by the Governments and religious communities. In order to understand the role of institutional churches, I will investigate three different, but related, aspects of charity-giving. Therefore, this chapter will be divided into three sections. In the first part I will take a deeper look into the meaning of charity in Latin Catholicism, Greek Orthodoxy and Islam. While exploring the themes of philanthropy and charity I will also be looking into how different Churches preached the meaning of charity and the endorsement of philanthropy to their brethren. Following a general understanding of the different theological views, I will endeavour to look deeper into another aspect of charity work closely related to the major Churches but which was not financed by the churches' coffers or offices. These were the religious societies which included monks and nuns devoted to charity work in a monastic tradition. These societies were prevalent in England, on the Continent and all over the Mediterranean. Traditionally these religious orders worked closely with local churches but were not part of the establishment. Rather they answered to their Order Superiors, either in the same country or overseas. By looking at the dynamics of these societies I aim at understanding the collaboration and disagreements with local church and lay authorities. Lastly I will focus on the discussion of charity-giving in the Empire. In this section I will show how charity-giving or the establishment of western medicine and public health by British colonialists happened in a haphazard way, following no particular plan. In this section I will use the Maltese and Cypriot cases to illustrate how the local established

traditions and methods of charity-giving were endorsed by the British rulers and modified to suit their aims or needs.

This chapter will discuss the development of charitable and medical institutions in Malta and Cyprus in an imperial context where centralisation and state control took over the old traditional charitable institutions and endowments. I will discuss how these institutions and religious systems of relief were usurped by the local colonial authorities and utilised for other means. While on the one hand Britain was constantly vacillating between utilitarian state intervention and liberal laissez-faire rule, on the other hand in Malta, state intervention and centralisation of charitable institutions were applied as early as 1816 and remained unchanged throughout the nineteenth and twentieth centuries. Reforms were enacted in the Maltese institutions but the major financial burden continued to be shouldered by the local British Government despite entreaties to cut down the expense from various royal commissioners visiting the islands.

Notwithstanding this heavy-handed centralisation and imposition of imperial rule, the study of charities in Malta and Cyprus clearly shows that the management of health institutions and services in these islands was defined by both the islanders and the rulers. It was not a top-down imposition of power. Rather the local populace demanded changes and were involved in a bargaining process with the Government authorities. Despite the increasing pressure from the Colonial Office to reduce the expense of the outdoor relief in Malta, local British authorities refused to intervene. The buildings were old, inadequate and small, and outdoor relief acted as a safety-valve for both the authorities and the Maltese population. The islanders knew how to exploit these institutions and they pushed the rules to the limit. They petitioned the authorities and begged for admittance to the institutions or begged for outdoor

relief. They also struck bargains with the local administrators to allow them to leave institutions during certain seasons and to be admitted again when in need, keeping their place 'reserved' within the institution. This adds weight to the argument that in the Maltese case state imposition of power was limited and that there was a tacit understanding between the people and the authorities. While the concepts of charity and philanthropy were deeply infused within these societies, the contact with the British Imperial Government introduced new and alien ideologies of charity-giving. In England, the system of the Poor Law and Government services during the eighteenth and nineteenth centuries were strongly based on utilitarian principles.

This chapter will show how Mediterranean societies came in contact with secular methods of charity through imperialism and how these societies dealt with new alien methods of philanthropy and charity-giving. Dorothy Porter argues that state medicine and state action on population health was not necessarily a response to the problems created by industrialisation in Britain. The discussions on state intervention in Britain started before industrialisation was in full swing.³⁸⁷ This was certainly the case for Malta and Cyprus as industrialisation in these islands did not start until the end of imperial rule. Instead of being part of the first and second industrial revolutions, these islands commenced their industrialisation during the twentieth century. Whilst the nineteenth century revolutions were based on new inventions, innovation and new production methods, in the twentieth century, industrialisers borrowed technological knowledge, learnt from problems encountered by the nineteenth century industrial revolutions and adapted the knowledge to their societies.³⁸⁸ In the case of Malta, according to B. S. Young in his article 'The Maltese

³⁸⁷ Porter (ed), *The History of Public Health*, p.8.

³⁸⁸ More on industrialisation in this region, Ernest Gellner, *Islamic Dilemmas: Reformers, Nationalists, Industrialization: The Southern Shore of the Mediterranean* (Berlin, 1985), [This work by Thomson discusses

Islands: Economic Problems and Prospects for Industrial Development’ in 1963, ‘Malta already “exhibits all the traits of an industrialised economy”’, having only ten per cent of the population gainfully employed in farming and thirty-six per cent engaged in ‘manufacturing activities’ which included both manufactures and construction industries.³⁸⁹ Industrialisation also came late for Cyprus. The balance of trade in Cyprus was based on exports of agricultural products and minerals, yet imports outweighed exports and heavy reliance was put on foreign impetuses like tourism and payments from foreign military bases. This was the situation at the time when Cyprus gained independence in 1960. The new Government was tasked with a development policy aimed at raising the local standard of living and eliminate economic uncertainty, and this to be done in the midst of an economic depression.³⁹⁰

Back in the nineteenth century both islands had big urban centres rife with poverty, overcrowded housing and poor sanitary conditions.³⁹¹ Under British rule this economic and political stability was maintained by the presence of the British navy. The dockyard in Malta attracted more skilled people and the services sector continued to grow to meet the demands of such big economic activities. As

one of the few cases which provides us with a Mediterranean exception to late industrialisation] J. K. Thomson, *A Distinctive Industrialization* (Cambridge, 2003), Teresa Rojo, ‘Scenarios for the Industrialization of the Western Mediterranean’, *Futures* 26(1994), pp. 467-89, Sevkett Pamuk, Jeffrey G. Williamson, ‘Ottoman De-Industrialization 1800-1913: Assessing the Shock, its Impact and the Response’, *National Bureau of Economic Research* w14763(2009), Alice H. Amsden, ‘The Paradigm of Late Industrialization’, *Political Economy: Studies in the Surplus Approach* 3(1987), pp. 133-161.

³⁸⁹ B. S. Young, ‘The Maltese Islands: Economic Problems and Prospects for Industrial Development’, *Geographical Review* 53(1963), p. 269. Young here quotes from a local Maltese publication by the Central Office of Statistics, *Census 1957: Economic Activities*, (Valletta, 1959).

³⁹⁰ E. I. Demetriades, *The Process of Industrialization in Cyprus*, (Nicosia, 1984), p. 10-11.

³⁹¹ During medieval times, the majority of the Maltese population lived in the villages and the towns of the hinterland. The harbour areas started to see an increase in population during the seventeenth century. The rural population was attracted to the urban areas by the increase in employment. This is where the Order of St. John’s navy during the seventeenth and eighteenth centuries was based and where all the maritime skills were needed. The seaside villages were abandoned due to piratical activities. This soon changed when the Order’s navy brought more stability as it patrolled the nearby Mediterranean seas. It also created safer maritime links between the harbour area and the southern villages of the island. This stability saw the growth of some of the southern fishing villages of the island.

discussed in the introduction of this thesis, Malta was severely overpopulated by mid-nineteenth century. The 1842 census showed the population at 112,500, increasing at the rate of 1 per cent and 1.5 per cent per year. This increase was not tenable and imperial authorities alleviated the problem by encouraging emigration to neighbouring countries; to those under British rule like Gibraltar and Cyprus and those which were not, like Tunis, Bone, Tripoli, Marseilles and Naples. Nonetheless, population continued growing and at the turn of the twentieth century the inner harbour towns like Cottonera and Valletta started to swell into a continuous urban mass linking whole villages and towns together in one urban sprawl (especially in the south of Malta and around coastal towns like Sliema).³⁹² Cyprus also had few big towns: Nicosia, Larnaca, Limassol, Famagusta and Paphos. Both in 1881 and 1891, according to the first and second censuses taken by the British administration, 160 per thousand of the total population lived in these urban centres. The British administration saw a steady increase of population in both town and villages but by 1921 that there were still 830 per thousand of the population living in villages (the same percentage of the population in 1881). It was from 1921 onwards that the censuses indicate that more emigration to the towns was taking place (due to depression in agricultural prices) and the increase in the population of the towns was twofold. During British rule, some technological changes helped urban development. By 1882, all towns had an adequate supply of water, drains and a scavenging system. The British built roads joining most of these towns and few

³⁹² Louis F. Cassar, 'Settlement Patterns in the Maltese Islands: from Early Colonization to pre-Independence', *GeoJournal* 41(1997), pp. 141-42. For more on the urbanisation in Malta from the early modern period onwards: Malcolm Borg, 'Urbanisation in Colonial Malta (1800-1901)', (PhD Thesis, University of Leeds, 1999), Charles Dalli, 'Behind the Walls, Beyond the Shores: the Urbanization of Malta', in E. Iachello, P. Militello (eds), *Il Mediterraneo delle Città* (Milan, 2011), pp. 75-88, Stanley Fiorini, 'Demographic Growth and the Urbanisation of the Maltese Countryside to 1798', in Victor Mallia-Milanes (ed.) *Hospitaller Malta 1530-1798: Studies on early modern Malta and the Order of St. John of Jerusalem* (Malta, 1993), pp. 297-310.

other major villages to Nicosia. Port facilities were also built in Famagusta and Limassol. All these changes put these towns in the focus of all the external trade arriving in Cyprus and made them instrumental in the trade exchange within the island itself.³⁹³ Undoubtedly, overcrowding, poverty and disease were major problems in these urban areas as they were in the urban parts of industrialised Britain (albeit on a smaller scale than in Britain).

In Britain these problems motivated proponents of utilitarian economic theories to consider how minimal state intervention could be used to reduce the financial burden on the population. Tensions between the utilitarian ideals of central state intervention and a libertarian British state favouring laissez faire policies, continued unresolved throughout the nineteenth century.³⁹⁴ In Malta, state centralisation of old charities was strictly upheld throughout the nineteenth and twentieth centuries. Therefore, this chapter will be focusing particularly on the different methodologies of state intervention as applied to the Maltese colony..³⁹⁵ Although these charities were traditionally independent philanthropic endeavours or private endowments, under British rule they were regularised and monitored by the local Government. In the case of Malta, they were all grouped together to form one homogeneous Government department called the Civil Charitable Institutions Department. Therefore, in a similar way to the Poor Law, the workhouses and outdoor relief in England, these institutions came under direct state rule, financially and administratively managed by a civil administrator (with occasional advice from visiting or resident physicians in the institutions). Unlike the English system, however, in Malta, the elderly, mental patients, orphans, foundlings, and those lodged

³⁹³ Michael Attalides, *Social Change and Urbanization in Cyprus* (Nicosia, 1981), pp. 50-2.

³⁹⁴ Porter, *The History of Public Health*, pp. 9-10.

³⁹⁵ The repeal or rather the refusal to repeal the CD Acts in Malta was fully discussed in Chapter 1.

in the house of industry for girls, the Magdalens' asylum, the civil hospital and the lock hospital all came under one state ruled department. This department became the backbone of all the communal care, long-term care institutions, regular and convalescent hospital cure and pawn broking available to the Maltese people: approximately thirteen institutions in all.³⁹⁶ It remained like this until 1937 when all services, including public health, sanitary services and water supply, were amalgamated into one department, the Medical and Health Department.

Reforms of health related institutions and services need to be studied in the larger context of the British Empire. In this chapter I will be looking at other colonies (apart from Malta and Cyprus) to understand how the islands' charities were administered and whether these methods were unique to the Mediterranean islands. As David Arnold has argued with respect to India, the perception of famines and how they were dealt with by the British Government differed greatly from the local Indian perception of famines and the traditional methods used to alleviate starvation. This brought political tensions and considerable social suffering in colonial India.³⁹⁷ In this study I will trace the differences of perceptions with regard to charity-giving. I will explore the tensions and also the tacit understanding between the colonised and the coloniser on the subject of alms-giving and institutionalised charities. Although this relationship was not as tumultuous in Malta and Cyprus as it was in India, it will nevertheless provide some insight into how the British perceived and dealt with charity-giving in different social and political settings.

³⁹⁶ The Government pawnbroker *Monte di Pieta* in Malta was founded by the Order of St. John in the late sixteenth-century in order to suppress usury in the island. This was suppressed during the French occupation but was given another lease of life under British rule. The *Monte di Redenzione* was established separately in 1607 with the aim of ransoming Christian slaves. Both *Monti* were united in 1787 with the aim of subsidising the *Monte di Pieta* from the funds of the *Monte di Redenzione*. For details of each institution look at Table V in the Introduction of this thesis.

³⁹⁷ David Arnold, 'The Medicalisation of Poverty in Colonial India', *Historical Research*, 85 (2012), pp. 488-504.

In the British Empire, imperial officials were constantly transferred from one colony to another. These Governors or High Commissioners brought with them previous experience and working knowledge of various social systems from other colonies: valuable experience that helped them in their new positions. One such imperial official was Thomas Maitland. He is of particular interest in the context of this chapter because he implemented the first reforms during the British period in Malta. These global connections are highly interesting because they show how consistencies in colonial administration were more likely to be created by various colonial administrators than by overarching policies dictated by the Colonial Office from the metropole. The differences between the administrative policies of the Colonial Office and the local island authorities are best exemplified in the context of the royal commissioners' reports. The suggestions in these reports were usually ignored or belatedly implemented by the Governors. I will discuss these reports while tracing the reforms of the Charitable Institutions Department as it changed during the nineteenth century in Malta.

One of the running themes throughout the chapters of this thesis is the dichotomous theme, global-local. This thesis looks at the Mediterranean region as an inherent separate part of Europe when discussed in the imperial context. Although these colonies were mostly described as European, as can be seen in this study, they differed significantly from both oriental colonies and from the European metropole. These islands were microcosms of something unique in both imperial and regional contexts. In many respects they do not fit the imperial moulds as created in historiography for India, Africa, Australia or Canada. These differences stem from the fact that they are Mediterranean and were even called 'European colonies' by the British during the nineteenth century. While, on the one hand they were perceived as

British imperial subjects in need of civilising and modernising, on the other hand they were understood to be part of the Greek and Roman civilisations.

In the Introduction to this thesis I argued that islanders had multiple identities; those connected with the neighbouring countries and those acquired as part of the British Empire. Islanders chose to identify with certain cultural aspects of British imperial identity but ignored other British cultural or political connections. This process was called 'Buffet Britishness' by historians Travers and Matthews.³⁹⁸ This chapter will look at how islanders, especially the Cypriots, selected particular health practices from an array of traditional and Western practices. For long decades under British domination the Cypriots chose between Western medicine and local health practices, depending on the illness or injury sustained. This type of behaviour illustrates the kind of empowerment that islanders enjoyed in this colonial context. It shows how the Cypriots dealt with particular situations to achieve greater autonomy and exercise their freedom of choice. This work will be analysing the empowerment of the subalterns in the context of the history of medicine.

Historiographically, various studies have been conducted on the theme of charity-giving, philanthropy and religious motivations of generosity in the Mediterranean region. Most of these studies focus on either a particular region, notably Italy or France,³⁹⁹ or religion, such as Catholicism or Islam.⁴⁰⁰ It is understandable that in such a culturally and politically diverse region as the Mediterranean, historians have opted to focus on a specific region or country. Other

³⁹⁸ Matthews and Travers (eds), *Islands and Britishness*, pp. 8-9.

³⁹⁹ Works like Paul Weindling, 'The Modernisation of Charity in Nineteenth-Century France and Germany' in Jonathan Barry and Colin Jones (eds), *Medicine and Charity Before the Welfare State* (London and New York, 1991), pp. 190-207, John H. Weiss, 'Origins of the French Welfare State; Poor Relief in the Third Republic, 1871-1914', *French Historical Studies*, 1 (1983), pp. 47-78.

⁴⁰⁰ Works like Nadir Ösbek, 'The Politics of Poor Relief in the late Ottoman Empire', *New Perspectives on Turkey*, 21 (1999), pp. 1-33, Charles Savona-Ventura, 'The Influence of the Roman Catholic Church on Midwifery Practice in Malta', *Medical History*, 39 (1995), pp. 18-34, Gaudiosi, 'The Influence of the Islamic Law', pp. 1231-61.

works, albeit fewer in number, discuss the impact of colonialism on local charities and systems of endowments in the Mediterranean basin. Although one finds plenty of research on the charitable and philanthropical practices of the South-East Asian and African colonies, studies about the imperial impact on charities in the Mediterranean colonies are fewer in number.⁴⁰¹ This chapter focuses on two island case studies with the aim of opening up the discussion on the theological differences in terms of charity-giving and how these coexisted with British imperial state intervention.

Due to the complicated nature of this chapter I will not go into detail in describing the historical development of individual charities, institutions and services in Malta and Cyprus.⁴⁰² I will selectively discuss different periods or new methods used in order to illustrate general patterns or movements. This will include a detailed analysis of the various Governmental reforms and changes as proposed by Royal Commissioners or local authorities. However, I will not limit this work to Government-led charities only. The roles of the different Churches and religious communities, together with the voluntary philanthropic movements, are too important to exclude. As in other chapters, here the discussion of the theological ideas of charity, the works of religious communities and individual Churches will be firmly grounded in the context of other Mediterranean cultures on the one hand and those of Britain as the imperial metropole on the other.

I will be firmly situating this research within the larger historiography of charity and philanthropy (especially the history of public health, the Poor Law and

⁴⁰¹ Works like Georgina Brewis, "Fill full the Mouth of famine"; Voluntary Action in Famine Relief in India 1896-1901', *Modern Asian Studies*, 44 (2010), pp. 887-918, Arnold, 'The Medicalisation of Poverty', pp. 488-504.

⁴⁰² For more information on the historical development of each charitable institution in Malta, Cyprus and the Ionian Islands, refer to the Introduction of this thesis.

out-door relief in England) and within the new historiography of *awqāf* and Islamic endowments.⁴⁰³ In this research I will be leaning heavily on the extensive colonial historiography and the colonial office records in order to analyse this dichotomous relationship between the 'local' and 'global' levels of charity-giving as understood in these small colonised Mediterranean islands. In particular, I will use colonial records to explain the emerging differences between the local Governments and the colonial rule in the metropole, and illustrate the clear division of opinion on financial matters of philanthropy and charity-giving. Due to the lack of sources on the medical charities and hospitals in the Ionian Islands, I will be focusing only on the case-studies of Malta and Cyprus. Finally I will concentrate solely on the case study of Malta to discuss the state intervention and centralisation of the medical charities and hospitals in this island.

Christian and Islamic Theological Teachings on Charity and Philanthropy

Recent research has increasingly shown how different faith-based communities may have varied views on poverty but relatively similar beliefs on charity, especially if these communities shared common beliefs in the medieval and early modern periods. Mark R. Cohen explained how in different religions poverty was seen as an inherent part of people's lives, but different religions generally disagreed on whom should benefit from charity, who was worthy to receive it and who was duty-bound to give it.⁴⁰⁴

⁴⁰³ Arabic (singular) *waqf*, Arabic (plural) *awqāf*. Turkish plural *Evkef*.

⁴⁰⁴ Cohen, 'Introduction', 347-49.

Giuliana Gemelli claimed that the main aim behind philanthropic institutions in antiquity and in the Middle Ages (in the Christian, Jewish and Islamic traditions) was to preserve *memoria*. In the Islamic *sharia* context the word *waqf* or *awqāf* (in plural) means charitable institution or charitable giving. *Waqf* literally means stopping and in this context, the benefactor or the *al-wāqif* ‘stops’ enjoying the property or money and transfers that wealth to the beneficiaries. Gemelli argued that the system of the *waqf* typifies the idea of the *memoria* (both religious and profane) very well.⁴⁰⁵

The *waqf* is a religious endowment providing food, shelter and also education to those who needed it. Recently, parallels with Christian traditions have started to be drawn by some historians. Nicholas Terpstra claimed that similar institutions in Christendom saw their beginnings in the form of the *xenodochium* which had the same aims as the *waqf* institution: to give shelter to the needy. Terpstra compared the philanthropic models of Christianity and Islam. Two distinct approaches to charity within Christianity are *caritas* and *misericordia*. *Caritas* denoted a relationship of obligation between the benefactor and the beneficent. It was reinforced deliberately on patronage ties and obligations between the two parties. The counterpart of *caritas* in Islam is *zakat*. Both *caritas* and *zakat* were calculated on a percentage basis (usually between 2 and 10 per cent of the patron’s wealth). *Misericordia* was very close to *sadaqa* in the Islamic tradition. Both gave charity to communities or bigger groups like guilds, confraternities or towns in need of aid. Both *misericordia* and *caritas* (and their Islamic counterparts) complemented each other and were usually practised in the same communities and aimed at the same beneficiaries. Terpstra claimed that from the twelfth century onwards in the West, professional guilds and confraternities

⁴⁰⁵ Gemelli, ‘Religious Traditions’, p. 35.

established hospitals and served their own communities. Historians often attributed this movement to the rapid growth of cities. He argued that although the Greek Orthodox *xenodochium* was already emulated in the West in the form of a monastic hospital, this did not lead to the creation of different forms of charity. Terpstra claimed that the West began imitating something similar to the Muslim *awqāf*. The links to these endowments might have been through travellers going to al-Andalus, Damascus and Egypt. Therefore one important parallel that Terpstra talked about was that both the Catholic civic hospitals (like Santa Maria della Scala in Siena, Santa Maria Nuova in Florence and Santa Maria della Vita in Bologna) and *awqāf* (like Hurrem Sultan's *waqf* in Jerusalem and the Süleymaniye in Istanbul) had their origins or relied on endowments.⁴⁰⁶ Endowments were also common in England. Martin Gorsky has explained that by the early nineteenth century the word 'charity' in England was understood as 'the virtue of Christian love, familial tenderness ... and – in its precise legal sense – as an institution established by endowment'. This shows how the ties between the *awqāf* in Islamic countries and the civil hospitals did not stop in Catholic Italy or France but was extended into Protestant England.⁴⁰⁷

Another distinction to be made is that the monastic hospital or the *xenodochium* originally only treated the sick for a short period of time. In contrast the *awqāf* (together with the new Catholic civic hospitals modelled on the *awqāf*) became similar to long-term shelters for the poor or the elderly. Terpstra explains that if 'caritas fostered the vertical social dynamics of patron and client' and the *misericordia* extended from one or more patrons to the bigger community 'was collective, communal, and horizontal', the *awqāf* (which started as vertical actions from wealthy

⁴⁰⁶ Nicholas Terpstra, 'Charity, Civil Society, and Social Capital in Islamic and Christian Societies, 1200-1700; Models and Hypotheses for Comparative Research', *Takaful* 2011, (2011), pp. 184-95.

⁴⁰⁷ Martin Gorsky, *Patterns of Philanthropy; Charity and Society in Nineteenth-century Bristol* (Suffolk and New York, 1999), pp. 2, 14.

persons) developed into horizontal actions, *miser cordia* to those poor, ill and in need of long-term help.⁴⁰⁸

These similarities between charitable institutions all over the Mediterranean countries are but few of the possible links that these institutions shared, knowingly or otherwise. For the purpose of this study, this chapter will analyse these links in the context of Malta and Cyprus and contrast them with the nineteenth-century ideals on charity and philanthropy in Protestant Britain.

Islamic and Greek Orthodox Traditions of Charity-giving in Cyprus

As mentioned above, the British protectorates and colonies in the Mediterranean were quite diverse in their religious beliefs and traditions. While in the centre of the Mediterranean, the Maltese Islands were heavily influenced by Catholic views on charity and philanthropy, towards the East of the Mediterranean, Cyprus had both Islamic and Christian cultures of charity. For centuries, in Cyprus both Islam and Christian Orthodoxy lived and coexisted side by side. This section will analyse some major features of *awqāf* and how these were set up in Cyprus together with the history of charity and philanthropy in the Orthodox Church's tradition.

As mentioned above, *waqf* or *awqāf* (plural) were pious institutions common in the Islamic world. These *awqāf* were considered to be part of *sadaqa* in the Islamic sharia law. Netice Yıldız traced the beginnings of the *awqāf* in Cyprus to 1570 with the conversion of the cathedral of the city into a mosque and a pious foundation in the name of the Sultan. In 1570, following the short siege on Nicosia, the Ottoman forces won Cyprus from the Venetians and did not waste time in asserting their

⁴⁰⁸ Terpstra, 'Charity, Civil Society', pp. 184-95.

political domination through cultural dissemination. Land was distributed amongst the favourite commanders and janissaries who proved useful and loyal to the Ottoman forces. Importantly, most of these lands were previously owned by the Orthodox Church. Under Ottoman rule these properties were registered in the name of the Sultan as *awqāf* of Aya Sofya. These *awqāf* consisted generally of baths, aqueducts, inns, dervish convents (convents for Islamic ‘mendicant friars’ known for their extreme poverty and austerity), mosques, mills, *hans* (commercial buildings which also provided temporary accommodation), the Leper Farm, market places, coffee shops, sugar plantations and schools. It is clear that these pious foundations were not restricted only to religious monuments like mosques but had wider social and philanthropic aims.⁴⁰⁹

Through the study of the *awqāf*, Yıldız revealed more information about the land as previously owned by the Latin or Orthodox Church. Through donations and bequests, the Orthodox Church held large estates of the Aya Sofya Cathedral in Nicosia and the Aya Nicholas Cathedral in Famagusta. These were symbols of the church of the Lusignan Kingdom in Cyprus. Other donations were given by kings in the forms of cash, properties and land. Different income revenues for the Church included donations from the salt-pans in Salines of Larnaca and grants of milling rights at the royal flour-mills in Kytherea. Undoubtedly the Latin and the Orthodox Church in Cyprus possessed large amounts of land which yielded sufficient contributions to make it wealthy. The Church could purchase entire villages, the lands they stood upon and the people working on them. This property and lands

⁴⁰⁹ Netice Yıldız, ‘The ‘Wakf’ System in Cyprus as Philanthropic and Religious Institution. A Special Case on Housing the Poor; The Complex of Saman Bahçe Houses in Nicosia (Cyprus)’, in Giuliana Gemelli (ed), *Religions and Philanthropy; Global Issues in Historical Perspective* (Bologna, 2007), pp. 217-21.

were retained by the Church until the Ottoman conquest.⁴¹⁰ Following the Ottoman defeat, land confiscation and general submission to the Ottoman rule rendered the Orthodox Church very weak. Nonetheless, according to Benedict Englezakis the Orthodox Church in Cyprus managed to outlast this difficult period. During the nineteenth century the traditions of Orthodoxy were collapsing in Asia Minor and in the Middle East. This was a great blow to the Orthodox Church in Cyprus as these were the neighbouring regions from where it drew its strength and inspiration. Englezakis claimed that although this created a difficult environment for the Church, it surmounted all the difficulties and by 1955 the Orthodox Church in Cyprus was the strongest bastion of Hellenism and of Orthodoxy in the East.⁴¹¹

In comparison, the *awqāf* went from strength to strength and by the nineteenth century the *waqf* system became even more centralised under an administrative office directed by the Ottoman port in Istanbul during the Tanzimat period. This 'golden' period for the *awqāf* administration was abruptly disrupted by the British protectorate of the island. From 1878 onwards the *waqf* administration was left in the hands of two delegates; a British citizen under the British Government and a Turkish citizen under the Ottoman Port. Even during the British period, the *awqāf* continued to carry on their intended role to safeguard the Turkish estates, boost education in the Turkish society and continue to fulfil their religious endeavours. However during this period, extensive lands were lost as they were sold by the *Evkef* administration to the British Government. The British Government retained the right to purchase (at a good and fair price) any land it required for public

⁴¹⁰ Ibid., p. 224.

⁴¹¹ Benedict Englezakis, *Studies on the History of the Church of Cyprus, 4th – 20th Centuries*, (translation by Norman Russell, Aldershot and Vermont, 1995), p. 448.

improvements such as roads. This reduced the number of *awqāf* under the *Evkef* administration and weakened this same institution.

Nonetheless, the British administration did engage with other acts of charity and philanthropy. One important *waqf* was the supplying of the poor with free housing. The houses were originally the property of the Orthodox or Latin Church under the Foundation of the Churches. When these houses were taken over by the Ottoman rulers they were listed under the *Evkef* of Aya Sofya. Other houses were sold to Janissaries or other Ottoman Empire subjects settling in the island. Those who were non-Muslim but also non-Latin and had specific skills were given the opportunity to retain or purchase houses within the walls of Nicosia. Many of these houses, confiscated from the Latin Church, were to be rented out to the local people.

Towards the end of the nineteenth century urbanisation in the big cities continued to increase and the *waqf* administration sought out a solution to accommodate people with low income. The first part of a new project was to construct a complex of sixty houses which started in 1896 and was completed by 1900. The complex, Saman Bahçe, was located on the southeast of Kyrenia Gate and was built on the *waqf* land of the Garden of Şaban Pasha. These houses were given to low-income families and were the earliest example of a social complex and urban planning in the city of Nicosia. These social complexes continued to sprout all over Nicosia (in Famagusta in the 1910s and in Lefke during the 1930s) as a reaction to the widespread poverty endured by the Turkish minority in Cyprus. Another example of such housing complexes was the *kahans*, which permanently housed poor families without basic sanitation.⁴¹² In general, the ill-management of the *awqāf* during the British rule and the lands lost during that period, coupled with enthusiasm

⁴¹² *Kahans* were supposed to be temporary accommodation for travellers and merchants. Yıldız, 'The 'Wakf' System', pp. 225-61.

for the adoption of Western concepts and culture, greatly harmed the *Evkef* administration. These lands which were lost during the British rule, together with lands in the southern part of Cyprus, are now part of the peace negotiations between the North and South of Cyprus.⁴¹³

In this section I gave an overview of the theological understandings of the *awqāf* and charity in the context of Cyprus. As can be seen, Cyprus is not only a small case study illustrating the major theological strands of various religions, but it also sets the scene for discussing major differences and overlaps between Christianity and Islam. These differences are especially interesting when analysed in the Mediterranean and imperial contexts. One aspect of the governance of the medical charities and hospitals in these island colonies was the state intervention and centralisation imposed by the imperial rule.

State Intervention and Centralisation in Public Health.

Reformers on the Continent and in England were more aware of each other's approaches to charity and philanthropy than might be first apparent. France looked on 'with a mixture of horror and admiration' across the English Channel while the harsh reality of the English Poor Law unfolded.⁴¹⁴ As British capital and trade grew to global importance, urban workers and their families in major towns, including Manchester, Liverpool and London, suffered equally major challenges to their health. Life expectancy dropped to about 25 years, lower than previous centuries before Britain experienced its industrial boom. During the eighteenth century, right up to

⁴¹³ Netice Yıldız, 'The 'Vakf' Institutions in Ottoman Cyprus', in Michalis N. Michael, Matthias Kappler and Efthios Gavriel (eds), *Ottoman Cyprus: A Collection of Studies on History and Culture* (Wiesbaden, 2009), pp. 149-51.

⁴¹⁴ Peter H. Lindert, 'Poor Relief before the Welfare State; Britain versus the Continent, 1780-1880', *European Review of Economic History*, 2(1998), pp. 101-03.

and after the Napoleonic Wars, England experienced economic growth and greater urbanisation. National expenditure on poor relief was also rising steadily: up to ten times more between the 1750s and 1810s than it was at the beginning of the eighteenth century. Historian Simon Szreter argues that over the course of the nineteenth century disenchantment grew amongst the propertied governing elite who looked on the poor with increasing suspicion. They were paying far too much poor relief to the poor and to the large crowds of urban immigrants. These concerns were exacerbated by the sheer increase in the size of the large towns: by as much as 40%. Szreter, building on the work by other scholars such as Robert Putnam and Richard Wilkinson, believes that the context and patterns of the social capital were instantly transformed.⁴¹⁵ He explains that the ‘linking and bridging social capital of a paternalistic society and a relatively generous Poor Law was formally repudiated with the enactment of the draconian New Poor Law of 1834’. The Poor Law of 1834 reduced the national expenditure on social security for the poor, by half. Outdoor relief was severely reduced and those who could not work or were unemployable were segregated by sex and were forced to enter the infamous workhouses.⁴¹⁶

Poor Law Commissioners in England were also interested in the public health methods used on the Continent. In the 1830s they gathered data on continental charities with the hope of using that information for future reforms. The Commissioners again made enquiries on the Continent’s methods of charity-giving in

⁴¹⁵ The idea of social capital in sociology emphasises the importance and value of social networks. Social contacts can affect productivity of individuals and groups. With regards to health, social capital through social networks provides important support, information and resources to help achieve health goals within the community.

⁴¹⁶ Simon Szreter, Michael Woolcock, ‘Health by Association? Social Capital, Social Theory, and the Political Economy of Public Health’, *International Journal of Epidemiology* 33(2004), pp. 657-61. Also read: Robert Putnam, *Making Democracy Work: Civic Traditions in Modern Italy* (Princeton, 1993), Robert Putnam, *Bowling Alone: The Collapse and Revival of American Community* (New York, 2000), Richard Wilkinson, *Unhealthy Societies: The Afflictions of Inequality* (London, 1996), Richard Wilkinson (ed.), *Class and Health* (London, 1986).

the 1870s and at the turn of the century.⁴¹⁷ Thus, in England, both the state and advocates of utilitarianism explored new avenues of voluntary relief. This led to the British mixed model of social welfare in the nineteenth century. Throughout the century the British state increasingly intervened and expanded its authority. Despite ideologies of liberal individualism and laissez-faire economic ideals, the state needed to get involved in safeguarding the public health.⁴¹⁸ This mixed model was certainly never extended to the colony of Malta. As I will discuss later in more detail, the independent charities inherited from the Order of St. John were financially and administratively bound together into one Government department as early as 1816. Any deviation from the prescribed administrative pattern was criticised by the Royal Commissioners. There was no active encouragement of voluntary charity by the local British Government. Outdoor relief served as the safety valve for overcrowding in the institutions and there was never any pressure on the local authorities to reduce related expenditure. All this occurred in a colony where no long-term economic or social plans were ever drawn up by the colonising rulers unless social or economic considerations interfered with the harbour areas, the Royal Navy or the garrisons stationed on the island.

Following the harsh measures implemented by the 1834 Poor Law, many working-class poor had recourse to only two types of social networks: for workmen who could afford the dues, there were the mutual insurance Friendly Societies, and secondly there were religious congregations which offered spiritual and communal support to those in need.⁴¹⁹ The fraternal or friendly societies existed in Britain since the seventeenth century but they increased rapidly during the nineteenth century,

⁴¹⁷ Ibid.

⁴¹⁸ Dorothy Porter, *Health, Civilisation and the State; A History of Public Health from Ancient to Modern Times* (London and New York, 1999), pp. 110-11.

⁴¹⁹ Szreter and Woolcock, 'Health by Association?', pp. 658.

especially after 1850. Most members were working-class men and such societies provided a range of welfare benefits, such as insurance for long term sickness, medical care and pensions. According to Paul Bridgen and Bernard Harris, by 1914 there were just under 29,000 friendly societies in Britain with a membership of just over 7.6 million people.⁴²⁰ These societies together with the trade unions, provided a basic safety net for the working classes in increasingly urbanised regions, who had nothing but a harsh Poor Law system which increasingly severed patronage links between the propertied governing elites from the urban masses. These societies, together with religious societies were not exclusive to England.⁴²¹ In Malta there were both mutual aid societies and religious confraternities. The latter played a similar role to the mutual societies in supporting sick members, or their families. Paid membership could secure the individual and his family guaranteed spiritual and physical support (including medicine, foodstuffs and nursing care), solace on the death bed and a burial in a consecrated grave. His widow expected help, at least for a short period of time after the death of the wage-earner.⁴²²

In the Continent, meanwhile, preventive medicine in France remained largely an academic and intellectual subject. Public hygiene theory was restricted from becoming public policy because it essentially remained a subject of academic research. So for a long period of time the public hygiene theory did not become a

⁴²⁰ Bernard Harris and Paul Bridgen, *Charity and Mutual Aid in Europe and North America since 1800* (New York and London, 2007), pp. 1-5, Hilary Marland, *Medicine and Society in Wakefield and Huddersfield 1780-1870* (Cambridge, 1987), Chapter 5: Medical Relief and the Friendly Societies.

⁴²¹ These religious societies in England served as centres for helping the surrounding communities with a little self-help to prevent the deterioration of vital social institutions. Traditionally these societies gave informal charity, but alarmed by the social changes and encouraged by religious motives, they sought solutions in the belief of social reform as expressed through the religious society. For more on charity and religious societies check Frank Prochaska, *Christianity and Social Service in Modern Britain. The Disinherited Spirit* (Oxford, 2006).

⁴²² Chircop, 'Old Age Coping Strategies', pp. 61-63.

tool of state intervention as it did in England.⁴²³ The fear of state intervention created an opposition to the *droit à l'assistance* in 1848 in France. In England civic liberties of individuals were very important and state intervention was often fought by various pressure groups. Examples of such movements were the anti-vaccination efforts and the fight to repeal the CD Acts. Dorothy Porter claims that the only reason that these conflicts were avoided, in other countries such as France, is because they avoided the expansion of state intervention altogether.⁴²⁴

Similar reluctance towards Government intervention was also very obvious in Italy after the unification of the country. A move towards increasing secularisation in both France and Italy during the nineteenth century led to the suppression of ecclesiastical institutions. The Church insisted on the value of Christian-led charities and their moral superiority over Government-led institutions. This state of affairs might seem to create an irredeemable antagonistic position for both state and church. However despite the close relationship between Malta and Italy in all matters religious, there did not seem to have been any major incidents in Malta between the Catholic *curia* and the Imperial Government. Nonetheless, it is very difficult to ascertain the charity (both in relation to amounts or type) given by the Catholic Church in Malta. There are but few records of endowments or institutions managed administratively or financially by the Roman Curia and no formal alms-giving to the poor. Members of the clergy did support private philanthropic aid and quite a number of priests and even bishops bequeathed endowments to existing institutions with the aim of helping particular sectors of society or members of the clergy. In Gozo a *Conservatorio* for orphaned girls was built by Bishop Labini in 1789 and in 1880 Bishop Pace allowed the Daughters of Charity of St. Vincent de Paul to teach

⁴²³ Ibid., pp. 98-99.

⁴²⁴ Porter, *The History of Public Health*, p.10.

young girls. Despite these sporadic acts of charity, the Church never involved its clergy in a national scale. Perhaps we can also say that the Roman Catholic *curia* in Malta was at times reluctant to cooperate at all. In an incident in August 1887, Governor Simmons approached the Archbishop of Malta in an attempt to join forces to give relief to the Maltese in response to a raging cholera epidemic. Both the Governor and the Archbishop organised their own relief committees with the same goals. The Governor approached the Archbishop to amalgamate the two committees together but Simmons reported to the Colonial Office, that the members of the Archbishop's committee refused his plan.⁴²⁵

It is also important to note that apart from the Catholic Curia in Malta and the religious monastics, local voluntary endowments and philanthropic aid were not insignificant. First there were the Conferences of the Society of St. Vincent de Paul in Malta and in 1850 the wife of the civil and Catholic Governor More O'Ferrall founded a Conference for Ladies. This was followed shortly after by a Conference for men for Valletta. They visited the homes of the poor with a view of helping families on a permanent basis. By 1912 there were at least six more Conferences in Malta. By that time the Conferences were limited to the distribution of bread, other foodstuffs and clothing. These Conferences complemented the Government's outdoor relief and kept many poor away from the charitable institutions.⁴²⁶ Other local voluntary philanthropic institutions were also set up during the nineteenth century. At least three major institutions were founded by philanthropic individuals. In 1880 a wealthy local businessman, Vincenzo Bugeja, opened officially a

⁴²⁵ TNA London, Public Record Office, CO 158/283, Governor Simmons to Sir Henry Holland, 'Further Report on Cholera – Reports Information of a Relief Committee', 18 August 1887.

⁴²⁶ Michael Refalo, 'The Discourse on the Problem of Begging and Almsgiving in the late Nineteenth-Century Malta', in Joaquim Carvalho (ed) *Bridging the Gaps; Sources, Methodology and Approaches to Religion in History* (Pisa, 2008), pp. 187-209.

Conservatorio for young girls in need of a shelter. He bequeathed other sums for charity including a small sum to help migrants in Malta, money for the poor, and he also funded a trade school for boys. He was later awarded a knighthood for his philanthropic generosity. Close to the *Conservatorio* a member of the clergy, Canon Bonnici, opened an orphanage for little boys in 1888; 'Dar ta' San Ġuzepp' in the suburb of Valletta, Hamrun. And in 1910 Mary and Emily Zammit in honour and memory of Emily's husband, Henry Leyman Clapp, opened a new hospital in Sliema and gave it to The Little Company of Mary sisters to run it.⁴²⁷

Understandably these institutions, together with a handful of other endowments set up in the seventeenth and eighteenth century and those run by the various sisters and brothers, were not nearly enough for the ever-increasing Maltese population. The first Comptroller for the Charitable Institutions Department, Sir Ferdinand V. Inglott, in 1868 wrote;

I take this opportunity to observe that a misconception appears to exist, not only among the Syndics and other relieving officers, but the population at large, about the obligations of Government towards the poor. In this island all social wants are to be supplied by the Government. Is private charity extinct in a people so eminently Catholic as this is? If a man suffers, or eventually starves, the Comptroller is abused, and pointed out as 'murderer', a man 'who lives like an oyster without a heart'!⁴²⁸

Inglott's complaint exemplifies the difficulty faced by the Comptroller working on the front line, dealing with poverty, constant criticism from the local newspapers and from the general public. In a newspaper article about poor relief, the Maltese dentist

⁴²⁷ Alfons Maria Galea, *L'Istituti l'Obra tal Carita' Malta u Għandex – it-Tieni Taqsima* (Malta, 1912), pp. 38-58.

⁴²⁸ TNA Malta, Charitable Institutions Records, CSG01 4277/1868, vol. 10, p. 1, November 1868.

Dr Charles Casolani claimed that in the census of 1861, 75,049 people were classed as 'living upon irregular means' and about 13,513 claimed as being 'in low circumstances and indigent'.⁴²⁹ These would be the working classes whose livelihood was greatly affected by the change of season and the fluctuations of the general economy. They were those in danger of becoming paupers through circumstances over which they had no control. The general population in 1861 was 134,055, which means that 660 per thousand of the population were without stable or regular means (though not necessarily paupers).⁴³⁰

The world of state intervention in charity as practised by Inglott and other Comptrollers seemed to be aeons away from that practised by the local Catholic philanthropists in Malta. In 1866 the Comptroller of Charitable Institutions Department Richard Micallef defended the Government's institutions against allegations in the local press, specifically from the anti-Government newspapers *L'Ordine* and *Il Portafoglio*. He made a distinction between the real paupers and the non-deserving poor. He argued that the Government could not institutionalise and help all the people applying for alms. He also argued in favour of the regulations stipulating that people who had the means, were to pay for their medical assistance.⁴³¹ In 1910 the Maltese Magistrate Serafino Vella gave a speech in which he echoed the Catholic beliefs expounded in Italy and France.⁴³² He urged philanthropists to give charity out of passion and love and he attacked the modern socialistic theories which inspired humankind with hatred and greed instead of love and compassion.⁴³³ The two arguments quite clearly show the dissonance between a continental Catholic

⁴²⁹ Charles Casolani, 'Poor Relief', *Malta Standard*, 18 December 1884, no. 237.p.1.

⁴³⁰ Ibid.

⁴³¹ TNL Malta, Miscellaneous Collection no. 404, 'Le Istituzioni di Pubblica Beneficienza in Malta ed i Giornali Maltesi', pp. 26-27.

⁴³² Serafino Vella gave this speech to one of the Conferences of St. Vincent de Paul.

⁴³³ Serafino Vella, 'Filantropia Cristiana', *Malta Letteraria*, 7 (1910), pp.226-31.

view of charity and philanthropy contrasted with a utilitarian Protestant understanding of poor relief, institutionalisation and aimed at the deserving poor. I will discuss this dichotomous relationship later on in this chapter.

Religious Societies and the Monastic Tradition

In the Western literature on charity and philanthropy we find numerous accounts of companies of sisters and brothers demonstrating great dedication towards the sick and the helpless, and who worked tirelessly in a variety of societies which transcended race, class and religious beliefs. It is important to distinguish between church institutions such as the Roman Catholic 'Curia' (i.e. the rule from the Vatican) and religious societies whose orders come direct from the Mothers Superior or Priors (sometimes also called Congregation Leaders). Some of these religious orders were in fact set up by members of the Roman Catholic clergy, including Bishops, but although accepted and established by the Vatican they were not part of the secular clergy. In many cases, religious communities also lived together and took similar vows particular to their rule. In short they followed an old monastic tradition. This tradition remained quite strong in the Catholic Church even after the suppression of monastic groups during the Reformation. Nevertheless, many of these *religiosi* worked closely with the secular clergy, especially those who undertook the care of whole parishes. But the way they lived and practised their religion was different.

Monastic communities existed quite early in the Church's history. By the year 330AD this new form of isolated communal living was already established as an important religious and social force. By the fifth century, monasticism had become common in the Greek, Coptic and Syriac-speaking East and in the Latin-speaking

West. From the beginning, it was common for monastics to practise some form of medical care which was sometimes confined to their community but often practised widely amongst other people outside their religious group. As early as the fifth century, monastics were helping each other and the communities around them in supplying basic medicine and shelter for those who needed it.⁴³⁴

In this section I will be focusing on different Catholic organisations of Sisters of Charity. Historian Barbara Walsh explained how the sudden surge and expansion in the number of orders of nuns in England and Wales during the nineteenth and the early twentieth century, has not received proper attention from historians. These religious communities had the responsibility of a range of socially-incorporated services. Sisters served their communities in their own convents. Their work brought them into contact with the poor families of the city slums and some died after contracting contagious diseases. This sudden influx of religious communities in England and Wales during this period might be explained in relation to anti-clericalism in Europe during the 1860s and 1870s. In Victorian Britain these religious communities could work and assimilate in a relatively tolerant religious climate. By 1900 there were one-hundred and thirteen women's religious congregations and between them they provided institutional medical care and services for patients in their own houses.⁴³⁵ For Victorian England, the work of these Catholic sisters had a functional utility and despite anti-Catholic or anti-papist feelings, they were highly regarded as valuable assets in their communities.⁴³⁶ Both

⁴³⁴ Andrew T. Crislip, *From Monastery to Hospital: Christian Monasticism and the Transformation of Health Care in Late Antiquity* (Michigan, 2005), pp.1-20.

⁴³⁵ Carmen M. Mangion, "'To Console, to Nurse, to Prepare for Eternity': the Catholic Sickroom in late Nineteenth-century England", *Women's History Review*, 4 (2012), p. 658.

⁴³⁶ Carmen M. Mangion, 'The 'Mixed Life': Challenging Understandings of Religious life in Victorian England', in Carmen M. Mangion and Laurence Lux-Sterritt (eds), *Gender, Catholicism and Spirituality* (Basingstoke, 2011), pp. 165-74.

sides of the ‘mixed life’ of Catholic nuns complemented each other. Sisters were the mediators between the earthly and the eternal and it was seen as an important part of their daily nursing duties. Mangion claimed that the ‘Catholic sickroom was not intrinsically a sacred space; it was constructed as sacred by women religious through their rhetoric, their bodies, and the performance of ritual.’⁴³⁷ The other side of the sisters’ religious life was strongly related to the professionalisation of their job; mainly nursing.

In the latter half of the nineteenth century the medical community argued over what type of qualifications nurses needed. Most of this training was acquired through informal networks of knowledge passed on from one sister to another or from doctor to sister. For some congregations, such as the sisters of the Little Company of Mary, nursing skills and knowledge were important as they distinguished them from other organisations and put them in direct competition with non-Catholic institutions. It seemed important for some of the congregations to be acknowledged as ‘trained nurses’.⁴³⁸ These skills were at times necessary tools for the congregation in being successfully accepted within larger medical institutions.

In Malta, throughout the centuries many religious communities settled on the island and worked with the poor or the ill. They established or built their own convents and founding their own asylums, with the aim of helping the poor and sick, educating orphans and providing medical assistance. There was one congregation of sisters which was an exception; the Daughters of Charity of St. Vincent de Paul. This congregation as a rule did not build its own institutions. It helped in the larger community hospitals and assisted the patients in both religious hospitals and

⁴³⁷ Mangion, “To Console, to Nurse”, pp. 663-64.

⁴³⁸ Carmen M. Mangion, “Give them Practical Lessons”; Catholic Women Religious and the Transmission of Nursing Knowledge in late Nineteenth-century England’, in Martin Dinges and Robert Jütte (eds), *The Transmission of Health Practices (c.1500 to 2000)* (Stuttgart, 2011), pp. 89-96.

Government-built asylums (in a secular environment). I will discuss this particular congregation of sisters because they were the only religious community which communicated directly with the Government-run hospitals and asylums in Malta. The Catholic nursing religious community came in direct contact with an imperial and Protestant, Government-led system of hospitalisation.

The congregation of the Daughters of Charity were founded by Saint Vincent de Paul and Louise de Marillac in 1633 in France. By 1789 it was the most widely spread of such religious congregations, and had 400 institutions throughout France. By this time they had developed more nursing skills than they had in the first few decades of the order. Like other sisters they had a 'mixed life'; that of providing for both the medical and spiritual needs of their patients.⁴³⁹ Colin Jones' research on this particular order suggested that the Daughters of Charity were respected hospital administrators and were accepted by many as highly qualified sisters.⁴⁴⁰ The Order maintained a hierarchical organisational structure loyal to the mother house in Paris. Hundreds of institutions were scattered around France and later on in the Continent and around the world. Towards the end of the seventeenth century, the Daughters began using a formal written contract to seal agreements with various institutions. This regularised the expectations of the lay institutions and the work expected from the sisters. This formal contract also helped the Daughters to act in conformity with their spiritual and medical duties. These contracts established the amount of payment given to the sisters, lodgings and what needed to be done in case a sister was sick or in the case of death.⁴⁴¹

⁴³⁹ Colin Jones, 'Sisters of Charity and the Ailing Poor', *The Society for the Social History of Medicine*, 3 (1989), p. 339.

⁴⁴⁰ Colin Jones, *The Charitable Imperative; Hospitals and Nursing in Ancient Regime and Revolutionary France* (New York, 1989), pp. 163-99.

⁴⁴¹ Ibid.

The Daughters were also in charge of the supervision and control of the hospital inmates and personnel. These sisters were expensive to send for and provide for. Therefore in large hospitals, trained nursing Daughters were put in charge of ancillary staff. These regulations, the contract and different other stipulations give the impression of a highly organised religious society. The Daughters of Charity had high standards and expected total respect and in some cases had free rein in hospitals. But by the 1820s and 1830s in France, this administrative role was suddenly curtailed as these roles were allocated to the hospital commissions instead.⁴⁴² Colin Jones' history of the Daughters of Charity was limited to their work in France. But these Daughters had established themselves all over the globe by the nineteenth century (as far as Hong Kong). They made their first appearance in the British Isles in 1855 in Drogheda in Ireland. By 1858 a contingent of sisters were sent to open a convent in Sheffield in England. By 1887 their work was widely spread. By the 1920s the Daughters were in charge of fifty-three institutions, taught in forty-eight elementary schools and were involved in seventy Catholic parishes.⁴⁴³ They were particularly valued where Catholic Irish immigrants lived in city slums or in big communities. In 1862, in a letter to the editor of *The Times*, these Daughters were praised for their work amongst 'the wretched Irish population who swarm together in the back slums of Westminster'.⁴⁴⁴

After some internal consultation between the Comptroller of Charitable Institutions and the local authorities in the Maltese Government, the Daughters of Charity were invited over from Italy in 1868.⁴⁴⁵ A document drafted in 1887 became

⁴⁴² Ibid.

⁴⁴³ Walsh, *Roman Catholic Nuns*, pp. 50-51, 129.

⁴⁴⁴ 'Letters to the Editor', *The Times*, 19 June 1862, p. 8.

⁴⁴⁵ This invitation from a British Government to a Catholic order seems strange and was perhaps unique. Although further investigation needs to be made on the subject, it is interesting to note that

a formal agreement between the colonial Government in Malta and the Mother Superior in France. Amongst the stipulations, the duties of the sisters extended to both sexes but with ‘reserves and precautions as may be deemed consistent with decency and with the decorum suited to the sisters’.⁴⁴⁶ In keeping with their deep involvement in the running of the hospitals and their interest in administering medicine, this agreement decreed that the sisters oversaw all the prescribed medicine and attended to the dressing of surgical cases and other nursing duties. But the contract was explicit in stating that the Daughters were subservient to the Maltese medical officers and whatever the latter prescribed, the sisters obeyed. They were also put in charge of the general male and female nurses within all the institutions and had the task of teaching the nurses their various duties in the wards. They agreed to all the instructions as given by the British Government in Malta and sisters were sent to Malta from Italy to perform their duties in thirteen civil establishments, comprising a general hospital, Magdalen Asylum, orphanage, foundling hospital and various other asylums for the poor and the vulnerable. The contract also agreed to place every facility to the Sisters in order for them to observe the Rule of their community ‘without the least interference on the part of Lay Authority’.⁴⁴⁷ The Sisters, upon retiring or becoming incapacitated by sickness, were not entitled to retiring allowances or gratuities and they had no right to lodge in the quarters attached to the institution once they retire.⁴⁴⁸ On 1 December 1868 five Sisters of

this decision was not reached hastily by the local British Government in Malta. The Daughters were ultimately invited in the colony partly due to the insistence of the Comptroller of Charitable Institutions, the Maltese Ferdinand V. Inglott.

⁴⁴⁶ TNA Malta, Chief Secretary of Government Collection, CSG01 10682/1887, vol. No.72, ‘Sisters of Charity Serving in the Charitable Institutions’.

⁴⁴⁷ Ibid.

⁴⁴⁸ TNA Malta, Chief Secretary of Government Collection, CSG01 10682/1887, vol. No.72, ‘Sisters of Charity Serving in the Charitable Institutions’.

Charity arrived in Malta on board *Scilla* from Italy. On that same day they started their duties in the female wards of the Orphan Asylum.⁴⁴⁹

In the two subsequent years, in the general reports on the hospitals and asylums in Malta and Gozo, Governor Patrick Grant and Governor von Straubenzee praised the work done by nineteen Daughters of Charity (thirteen officially paid by the Government and six assisting voluntarily). Grant claimed that '[local] nurses have become more intelligent; patients more tractable under their softening influence and example' and in the Orphan Asylum and the Lock Hospital children and patients alike became 'as industrious and tractable as any other of the inmates'.⁴⁵⁰ But by 1886 the efficiency of the sisters so extolled by the previous Governors seemed to have waned. Governor Simmons blamed the Comptroller of the Charitable Institutions Department Mr Monreal for incompetency and for the sorry state of the institutions. In Gozo the benefit of the sisters' work was fully realised due to the greater responsibility endowed on them by the Gozitan institution's authorities. Here inefficient sisters were replaced by the Superior Mother and the sisters did the rounds with the medical officers in the wards and administered medicines. All complaints from the lower staff and nurses had to be addressed to the higher lay authorities of the Charitable Institutions Department through the sisters and thus giving the sisters more authority within the hospitals.

In Malta less responsibility and authority was given to the sisters and according to Governor Simmons the Mother General, knowing that properly qualified sisters were not a prerequisite, sent the least efficient of her sisters to the

⁴⁴⁹ Arturo Bonnici, *Is-Sorijiet tal-Karità u l-Hidmiet Tagħhom f'Malta* (Malta, 2002), pp. 47-55.

⁴⁵⁰ TNA London, Public Record Office, CO 158/230, Governor Patrick Grant to Earl of Kimberley, 'Hospitals and Asylums – Forwards Returns Relating to', 18 April 1872. TNA London, Public Record Office, CO 158/240, Governor Straubenzee to Earl of Carnarvon, 'Hospitals and Lunatic Asylums – Returns for 1873', 4 September 1874.

Maltese institutions.⁴⁵¹ As highly qualified sisters were in high demand in the countries they were working in, the Mother General might have preferred to send some of the Daughters to other countries where this expertise was explicitly called for and demanded in the contract of employment or in writing. This clearly shows that the standards of nursing needed from the Daughters of Charity were quite high by the end of the nineteenth century and by demanding those standards, the British administration in Malta was doing the same as other administrative committees in the Continent. In the Maltese context, however, it is clear that these sisters were expected to lead the way in nursing and teach those beneath them in the hospital hierarchy. They were endowed with the power to do so and quite clearly both the Mother Superior and the local sisters readily accepted the responsibility that came with the authority bestowed upon them. Finally this small study of the Daughters of Charity in Malta demonstrates how these particular sisters transcended nationalities, religions, class and race. In this case they were the answer to the problem of deficient nursing in the institutions and when it was established that no local women or men were equal to the task of proper and efficient nursing, the Daughters of Charity were accepted to work on a contractual basis for the British Imperial Government in Malta.

In the case of Cyprus, monastic orders and religious communities coexisted together for centuries before the British established their protectorate on the island. Following the Byzantine tradition, monasteries were an important part of the Greek Orthodox Church in the Eastern Mediterranean. Yet, it is important to point out that Cyprus had a turbulent religious history in the centuries preceding the British protectorate. Apart from the Greek Orthodox Cypriots, the island had a large

⁴⁵¹ TNA London, Public Record Office, CO 158/277, Governor Simmons to Earl Granville, 'Unfitness of Mr. Monreal for post of Comptroller of Charitable Institutions', 2 June 1886.

minority of Turkish Muslims and smaller minorities of Latin and Maronite Christians. Thus, Cyprus was not only a multi-ethnic colony but it was also multi-faithed.

Little is known of the charity-giving and philanthropic aid carried out by the monastic orders or the regular clergy of the Orthodox Church. It is clear though that monasteries played an important role in the conservation of knowledge of medicinal plants. In Cyprus this knowledge was an integral part of the Cypriot traditional methods of medical practice. Cyprus' methods of healing were a blend of classical Greek humoral ideas, traditional Levant Muslim medicine and local beliefs in magic, symbols and amulets.⁴⁵² Apart from the monks, different groups of people amongst the population had their own area of expertise in different specialisations. There were women who specialised in the diseases of the eye, others who were consulted concerning bites from snakes, scorpions and spiders, bone setters, midwives and other female practitioners who combined medicine with magic and whose treatment combined spells, exorcism, symbols and amulets. The monks and the priests took on the role of general practitioners. They used magic, exorcism and symbols but they based their methods on the biblical teachings and the *iatrosophia* texts.⁴⁵³ In many cases these texts incorporated the use of herbs and plants. In the villages, the traditional healers used these same herbs and plants (usually obtained from the druggist in the nearest town).⁴⁵⁴

⁴⁵² Andreas Lardos, 'The Botanical Materia Medica of the Iatrosophikon--a Collection of Prescriptions from a Monastery in Cyprus', *Journal of Ethnopharmacology*, 104 (2006), pp. 387-406.

⁴⁵³ Iatrosophia text are 'medical notebooks and therapeutic compendia written in Greek and have their roots in the hospital tradition of the Byzantium', Andreas Lardos, Jose Prieto-Garcia and Michael Heinrich, 'The Iatrosophia of Cyprus; a Valid Resource in the Search for new Drugs? The Example of Resins, Gums and Balms', *Planta Medica* 74 (2008), p. 1141.

⁴⁵⁴ Andreas Lardos, 'Historical Iatrosophia texts and Modern Plant Usage in Monasteries on Cyprus' (PhD Thesis, University of London, 2012), pp. 24-26.

The *iatrosophia* texts are the most intriguing of all these methods and they were used extensively by the monks in their monasteries. One of these records is the *Iatrosophikon* which is a monastic scripture from the Ottoman period. This manuscript contains prescriptions which were compiled by the monk Mitrophanous in 1849 in the monastery of Makhairas in Cyprus. This monastery lies on the eastern side of Troodos Mountain ranges, south-west of Nicosia. Access to such manuscripts in monasteries is restricted and we therefore have to rely on secondary sources for information about old medicinal rural practices in Cyprus. This document shows that until the first half of the twentieth century, the Makhairas monastery was an important medical and health centre for the surrounding rural communities.⁴⁵⁵ The text mentions classical Greek physicians like Aetios and Galen. While writing the *Iatrosophikon* of Makhairas monastery, Mitrophanous emphasised the importance of practical tools used by the monks for their surrounding rural communities. These texts continued to be updated with new local folk medicinal methods up to the mid-twentieth century. Most importantly, these monasteries and their traditional healing methods remained as the basic health-care system amongst the rural areas of Cyprus.⁴⁵⁶ These traditional methods were shunned by the Victorians in Cyprus and in many travel books and articles they claimed that in Cyprus ‘simple remedies are well adapted to simple lives’ and that the Cypriots were content using magic and superstition.⁴⁵⁷ Thus traditional methods of healing were summarily dismissed by British travellers as ‘superstition’. Yet British colonialists did

⁴⁵⁵ Andreas Lardos argued that these *iatrosophia* texts should be taken in the context of the medical literature of the Greek-speaking Ottoman World of which Cyprus was an integral part. Initially *iatrosophia* were compiled manuals for practical usage in Byzantine hospitals. Even then, these texts contained copies of the classical Greek medical methods and teachings together with folk medicinal ideas and personal experiences of the author. The Byzantine *iatrosophia* had similarities with those Lardos studied in Cyprus.

⁴⁵⁶ Lardos, ‘The Botanical Materia Medica’, pp. 387–406.

⁴⁵⁷ Ulick Ralph Burke, ‘What we have done for Cyprus’, *National Review*, 11 (1888), pp. 112–13

not pressure the Cypriots to conform to Western medicine or to visit the dispensaries. In view of the lack of Government services in the remote and rural areas, Cypriots continued with their traditional methods, largely undisturbed.

But this was just one aspect of the monastic communities' methods of healing. In Cyprus there was a small but significant minority of Latin Christians and Maronites who together set up some of the biggest philanthropic institutions in Cyprus. The Latin Christians were persecuted for centuries in Cyprus by both the Orthodox Catholics and the Turkish Muslims. Yet, the Franciscan Order survived in Cyprus for centuries before the advent of the British occupation. The Friars Minor had settled in Cyprus some time during the thirteenth century. They suffered numerous extraditions from Cyprus throughout the centuries, but when the British arrived in Cyprus they were still well-established in some Cypriot communities. By 1880 the Franciscan fathers were running four hospices for Christian boarders (any denomination) free of charge, four free schools for boys and three more for girls, and one foundling hospital. The sisters of St. Joseph were also invited to extend their education work in new schools in Nicosia and Limassol in 1877 and 1884 respectively. This combined with spiritual assistance for Catholic prisoners, soldiers and sailors given by the Franciscan friars (on the British Government's request) established more firmly the Latin Church in Cyprus alongside the Greek Orthodox Church and the Muslim communities.⁴⁵⁸

⁴⁵⁸ Paolo Pieraccini, *The Franciscan Custody of the Holy Land in Cyprus* (Milan, 2013), pp. 94-96.

Imperial Relief in the Colonies

In this section I will focus on medical charities, hospitals and public health as organised and managed by the British administration. British policy makers and administrators were relocated across the globe as part of the Colonial Office's efforts to elect competent High Commissioners and Governors throughout the Empire. These administrators made use of previous experience in other colonies to implement changes or reforms. Thus, not all reforms could be classed as homogeneous efforts imposed by the Colonial Office in London on all the colonies. Certainly, social and political theories like utilitarianism could not answer for all the reforms and changes imposed by Governors and High Commissioners all over the globe.

More importantly this section will trace a trend in imperial administration towards sustaining old 'local' charities and philanthropies. When none were in place, the colonial administration created them, introducing Western tradition and medicine on local informal systems of healing. In the case of India they imposed Western medicine and scorned local relief systems. However, the imperial relief systems introduced in some colonies were not similar to any other system in the Empire. Rather, they were systems either created originally for British settlers' needs (and made available for the public) or else sustained native old (at times religious) establishments. This section will discuss the way in which state intervention was applied to these traditional religious establishments in the Mediterranean colonies. I will look at the Government relief systems in India during the famines, those in the model colony of Ceylon (Sri Lanka) and the easy coexistence of native and Western

ideas of medical relief in the Cape, while drawing comparisons with the two Mediterranean islands.

This section will also show how different and non-homogeneous did the imperial authorities view charity across the British Empire. As already mentioned above, an important aspect of the history of relief in India were the famines. By 1880 about 1,200 public hospitals and dispensaries were under the control of the Imperial Government and by 1902, the figure was up to approximately 2,500 institutions. In 1880 about 7.4 million patients were treated and by 1902 this rose to 22 million.⁴⁵⁹ The failure of the British colonial authorities to deal with famines increased the politicisation of poverty in India. Increasing involvement of voluntary and non-state agencies, composed of both Indian and European religious organisations, started to emerge to alleviate the deadlock. Poverty in India throughout the nineteenth century was increasingly seen by the British as the result, not the cause of diseases and that overpopulation was the root of all evils.⁴⁶⁰ This did not always used to be the case in India. In the early decades of the East India Company rule, traditional methods of almsgiving and charitable methods were regularly practised. In times of famines more affluent Indians like landowners and merchants, assumed the role of almsgivers to the poor. This relief varied from creating work for the poor, to giving out food or subsidies of grain. Although the motives of affluent Indians were early on questioned by the East India Company authorities, it was quite clear that in places like Calcutta and Madras traditional Indian charity and relief was practised in abundance. This type of relief clashed with imperial ideas of giving aid to the 'deserving poor' as practised in England.

⁴⁵⁹ Muhammad Umair Mushtaq, 'Public health in British India: A brief account of the history of medical services and diseases prevention in Colonial India', *Indian Journal of Community Medicine*, 34 (2009), pp. 6-8.

⁴⁶⁰ Arnold, 'The Medicalisation of Poverty', pp. 488- 504.

Institutional charity was looked upon as a legitimate form of relief that a society needed to provide. During the famine of 1837 the East India Company officials decided for the first time to reconsider the Indian traditional methods of relief (which up to that point they had endorsed) and give out a 'discriminate' charity: charity to those who deserved it. The relief donated by private individuals in wealthier cities like Delhi, Lahore and Amritsar, remained higher than that given by relief committees. Nonetheless, Indian benevolence was immediately channelled away from the poor when periods of scarcity arose. British administrators wanted to avoid creating an impoverished and indolent population which relied on public funds when famines hit particular regions in India. Relief from the Government in India during famines continued to be sparse and irregular. Imperial administrators and missionaries created a rift between the organised Protestant type of philanthropy and the Indian indigenous and indiscriminate type of relief.⁴⁶¹ As discussed in the introduction of the thesis, in some colonies like India, the native body was the site of conflict and contestation between coloniser and colonised. David Arnold in his *Colonising the Body* explains how 'biopower' widened the rift between the two sides. This can be seen in the example of how British rulers in India dealt with the problems and poverty created by the famines throughout the nineteenth century. By denying the poor the traditional relief bestowed on them by those more affluent in society, the British were not only impoverishing the poor but also depriving the affluent from giving charity, widening the rifts between social groups and removing the benefits both groups could have received from this social order.

Similar to India, Ceylon's experience with colonial medicine was terse and manipulative by Western medicine. British administrators were often accused of

⁴⁶¹ Georgina Brewis, "Fill full the mouth of famine': voluntary action in famine relief in India 1896-1901', *Modern Asian Studies*, 44 (2010), pp. 887-918.

founding medical services for the gain of British settlers or citizens rather than the indigenous population. Margaret Jones argued that the new health policies were aimed at only the urban communities. Traditional healing methods were widely practised in the rural areas and the imposition of Western medicine came in conflict with Ceylonese traditional medical expertise. Jones however did argue that although the imposition of the Western medicine was at the detriment of the traditional methods of healing, this transfer of methods and information was not simply a linear Western-Oriental transaction. The Ceylonese local policies were also transferred onto this new Western method and it helped create a unique individual experience for this colony. Jones traced the public health services in the UK and how they were implemented in Ceylon. Apart from some delay in the implementation, many of these services were introduced in Ceylon with no or little modifications from the models implemented in the UK.⁴⁶² The Ceylonese system however was modified by local exigencies and traditions. The Imperial Government, the local medical practitioners and the local patients adapted to a system whereby Western and traditional methods of healing were interchangeably used by the local population. As discussed in the introduction, both Warwick Anderson and Mark Harrison show how scientific or medical methods were rarely formed of ideas taken from the 'metropole' and implanted directly into the colonies. Whilst Western medicine was introduced in these colonies, local medical traditions were retained: sometimes in an official capacity (such as in the case of the Ceylonese local policies on health) and sometimes in an unofficial capacity (such as in the case of Cyprus' local methods of bone setting and herbal remedies).

⁴⁶² Margaret Jones, *Health policy in Britain's model colony: Ceylon (1900-1948)* (Hyderabad, 2004), pp. 52-58.

In her study of medicine in the Cape, Anne Digby encountered a methodological conundrum; on the one hand the Eurocentric bias in historical understanding of relief systems and on the other hand the relativist approach of the understanding of the same systems. Digby argued that historians would dismiss a discussion of indigenous medicine alongside Western medicine as systems of unequal value, especially if looked at in a conventional form of how divination and herbalism contributed to the intrinsic merit of Western medicine. But Digby insisted that this was the only way a historian can fully do justice to the treatment that South Africans sought – whether it was Western medicine or traditional methods of healing.⁴⁶³

However, there is a difference between the above case studies and those of the Mediterranean islands. Despite the similarities with Western medicine, the ways in which the indigenous population viewed relief and medical help were different. I argue that this difference in views was due to religious and regional contexts. The practice of Western medicine, whether in the West or East, did not conform to one generic form; it was multi-faceted, varying from one country to another. Imperial authorities in different colonies had a varied approach towards local medical health systems. It is clear that there was no homogeneous policy across the British Empire, dictating the ruling policies for charitable or medical institutions. In a culturally-diverse Mediterranean, Western medicine and systems of poor relief were moulded and adapted to the exigencies of the region's realities – most often adapting ideas from neighbouring countries.

That is what happened under British rule in both Malta and Cyprus. The local systems adapted to a different form of Western medicine. The differences between local and imperial systems of healing, rarely erupted into major

⁴⁶³ Anne Digby, *Diversity and Division in Medicine; Health care in South Africa from the 1800's* (Oxford, 2006), pp. 36-39.

disagreements in these islands but they were enough to cause tensions and generate discussions. In a historiographical framework where the study of the imperial (i.e. Western) versus the local (i.e. in many cases the Oriental) are studied, these Mediterranean social and political systems do not seem to fit. The local understanding of medicine and medical institutions fall partially under Western beliefs but not under Oriental (or exclusively non-Western traditional) practices. Therefore, my aim here is to explore these traditional practises which were neither Oriental nor Western (in the English tradition), having strong Italian and Hellenic influences. These non-Western ideas can be most likely catalogued under institutional and methodological differences rather than differences in the practise of medicine as a science.

The Maltese Case of the Civil Charitable Institutions

Medical institutions and poor relief in the urban areas were in existence in Malta at least since the sixteenth century. With the arrival of the Knights of St. John, a major civil hospital was built and since hospitalisation was part of their Monastic Rule, the hospital was prepared to treat all local male citizens in Malta. Over the seventeenth and eighteenth centuries, voluntary endowments for hospitals and shelters were donated and in time they became a part of the city's structure. One such case was the hospital for incurable women founded by Caterina Scappi, a Siennese woman in 1625. Due to the importance of the hospital for the local community and the care it gave to women suffering from venereal diseases, the Order of St. John decided to subsidise it in 1631. Afterwards the Order claimed the right to administer it while still providing financial support. A range of health care or institutionalisation was

provided to the islanders, including outdoor relief to the poor. The Knights also took care of the elderly, infirm, poor and mental patients. These individual institutions or services had a separate committee for each and were individually run by these committees.⁴⁶⁴

In 1813 Malta became a colony of the British Empire and Governor Thomas Maitland started his Governorship in the same year. Thomas Maitland together with the Secretary for the Colonies Lord Bathurst planned on imposing an authoritarian rule in the Mediterranean. At this point, apart from Gibraltar, only Malta and the Ionian Islands were under British rule or protection. Using the Constitutional Charter of 1817 Bathurst and Maitland devised a comprehensive colonial and Mediterranean policy. The aim was to form and preserve British interests in the Mediterranean. Maitland was to rule over both islands with the aim of creating a homogeneous colonial policy in the region. Thomas Maitland arrived in Corfu in 1816 at the age of fifty-seven. By this time his portfolio was an impressive succession of Governorships with an equally impressive list of successes in both social and political reforms, and manoeuvres: Calcutta in 1785, Madras in 1790, India and then St. Dominique in 1797, Ceylon in 1805 and Malta in 1813. While in Ceylon, Maitland's health deteriorated and he returned to England. This time Bathurst offered Maitland the two posts (Malta and the Ionian Islands) in the 'healthier' Mediterranean. These colonies were relatively easier to manage but with the advent of plague in both Malta and the Ionian Islands and the problems related to maritime quarantine, Maitland had his work cut out. In Ceylon from 1805 until 1809 Maitland radically reformed the legal system. Maitland's reforms defined the spheres of

⁴⁶⁴ For more detailed information about the setting up of these institutions see Cassar, *Medical History of Malta* (London, 1964), Paul Cassar, 'The Concept and Range of Charitable Institutions up to World War I', *Malta Medical Journal*, 18 (2006), pp.46-49.

jurisdiction and the power that each Court had. This was done in an effort to make the Courts more efficient and more cost effective than before.⁴⁶⁵ Maitland did not only reform the justice system in Ceylon, he also reformed the entire civil establishment and removed the restriction on plantations for European traders.⁴⁶⁶ According to historian Lennox Mills, Maitland reformed Ceylon in five years. He showed great ability in understanding the local problems and visited institutions all around the country. The civil service was transformed from a corrupt to an efficient one and in few years he had paid off all the debts of the country, stopped leakages in expenditure and increased salaries. In Lennox's words,

Maitland was harsh, violent tempered, and overbearing, a man who would not brook disobedience and who worked his subordinates almost as unsparingly as he did himself ... He had the somewhat rare gift of being able to see both sides of a question, and while he waged a relentless war on abuses he saw clearly that the shortcomings of his subordinates were in many cases beyond their control.⁴⁶⁷

In Malta, Maitland repeated these reforms. He sought to reform the civil service and reduce corruption by taking complete financial control. While he admired social theorists such as Adam Smith, his Governorships were not a product of any of these theories. In his private letters to his friend William A'Court (at which time he was the envoy-extraordinary to the Barbary States), Maitland explained that 'everything is good or bad as it locally applies and I firmly believe that the more we judge from locality and the less we have to do with theory the better'.⁴⁶⁸ Thus, Maitland's administration in Malta and the Ionian Islands was mostly based on previous

⁴⁶⁵ Tambyah Nadaraja, *The Legal System of Ceylon in its Historical Setting* (Leiden, 1972), pp. 61-65.

⁴⁶⁶ Garrett C. Mendis, *Ceylon Under the British* (Colombo, 1944).

⁴⁶⁷ Lennox A Mills, *Ceylon Under British Rule 1795-1932* (Oxford and New York, 2012), pp. 35-36.

⁴⁶⁸ Paschalidi, 'Constructing Ionian Identities', pp. 89-95.

experience in the colonies. This way he gained control of the economic and political situation of these islands whilst given free rein by the Colonial Office.

What did these radical social reforms mean for the local charities of Malta? Before the arrival of Maitland, these charities were loosely administered. Each institution had its own administrative Committee responsible for the patients' admissions and the finances of the asylum or hospital. In 1816, Maitland turned his attention to these local charities. He explained to the Secretary of State Lord Bathurst that his ideas on the reform of the charities had long been in place but due to the strong prejudices of the inhabitants, greater care was needed. He did not explain what these strong prejudices were but it is clear that Maitland was attuned to the local population's feelings and was wary of any local prejudices.⁴⁶⁹ Maitland explained how the hospitals had become places of public resort. The hygiene level in these institutions was low and tickets of admission were given freely without making any distinction between the 'deserving' and the 'profligate' cases.

Following the new reforms, the visiting hours in the hospitals were controlled and cases were carefully selected. Maitland reduced the population of patients in these institutions by half. There was only one department which was not fully reorganised; this was the outdoor relief distributed by the Grand Almoner. The department overseeing outdoor relief was never reorganised during Maitland's rule due to the high number of applications consistently sent to the Grand Almoner and therefore it could not be temporarily closed until reforms were implemented. Because of the expense involved, Maitland considered this department to be a burden on the public expense. Therefore he decided to financially list this

⁴⁶⁹ TNA Malta, Governor's Despatches, GOV 1/2/1, Thomas Maitland to Earl Bathurst, 11 January 1816, fol. 521.

department on the *Università dei Grani*.⁴⁷⁰ Thus, the outdoor relief expenses were to be taken out of the *Università's* profits. But in 1818, Maitland abolished the *Università* and integrated it into the Government's civil departments. This made the local outdoor relief system an added burden on the local civil service and administration and consolidated all the different and separately-run institutions under one Committee called the Committee of Charitable Institutions. This seemed to be Maitland's hallmark in the local civil Government's reforms. He insisted on centralising the different departments in a bid for more discipline and better financial control. Centralisation in this case cannot be explained by utilitarian ideas of social control. As explained above, Maitland was enforcing his own tried and tested methods of centralisation and state intervention in Malta. Table X in Appendix I shows a list of all Governors serving in Malta from 1813 until 1915. As can be seen from this table, few stayed for more than five years. Most of the governors were at the end of their military career and a significant number of them never ruled a colony before. Yet, some of these governors did implement significant reforms to the charities department: namely Thomas Maitland, Francis Rowdon-Hastings and Richard More O'Ferrall. Maitland's successor, the Marquis of Hastings, reversed some of Maitland's decisions. In 1824, Hastings divided the Committee of the Charitable Institutions in two; the Permanent Committee of Charitable Institutions and the Committee of the House of Industry. This decision was taken because far too many applications were sent to the Committee of the Charitable Institutions from the general public and it was unable to cope with all the demands. Hastings also re-instituted the Board of Health which was suppressed by Maitland in

⁴⁷⁰ 'Università' dei Grani' was the governing body for the supply of grain in Malta. ('Università' dei Grani' literally 'Body/society of Grain').

1813.⁴⁷¹ This deviation from Maitland's initial centralisation was criticised by the Royal Commission sent to Malta in 1836. This Royal Commission consisted of the legal philosopher John Austin together with his wife Sarah Austin and the politician Sir George Cornwall Lewis. Both Cornwall Lewis and John Austin shared the same Benthamite views. Cornwall Lewis came in contact with Austin when he attended Austin's lectures in jurisprudence at London University after he entered the Middle Temple in 1828. In 1833 Cornwall Lewis became an assistant commissioner for the inquiry into the condition of the poor in Ireland. This enabled him to become the de facto authority on the Irish problem in the 1830s.⁴⁷² In 1836 the invitation was received by both Austin and Cornwall Lewis to join forces and visit Malta. In Malta, they recommended the elimination of sinecures, they recommended a reduction in the expenditure of pensions and they urged for reforms in the fiscal system, the police, the education and also the Government charities.

The Austin-Lewis Royal Commission made three major suggestions to the Governor. The first was to revert back to the centralised system as devised by Maitland and replace the division created by Hastings. They also urged for the House of Industry (which housed and trained poor girls) to be closed and suggested that outdoor relief should be curbed, so that, where possible those applying for alms would be sent to a Poor House. The first suggestion was accepted by the Governor. However, the suggestions to abolish the House of Industry and to reduce the outdoor relief in preference for the institutionalisation of the poor were not so

⁴⁷¹ TNA Malta, General Mischellaneous Reports, GMR 12, 'Copies of Extracts of Reports of the Commissioners Appointed to inquire into the affairs of the Islands of Malta and of Correspondence Thereupon,(part I)', 16 February 1838.

⁴⁷² D. A. Smith, 'Lewis, Sir George Cornwall, Second Baronet (1806-1863)', *Oxford Dictionary of National Biography*, (Oxford, 2004), an extract available online <http://www.oxforddnb.com/view/article/16585> (20 July 2013), Wilfrid E. Rumble, 'Austin, John (1790-1859)', *Oxford Dictionary of National Biography*, (Oxford, 2004), an extract available online <http://www.oxforddnb.com/view/article/911> (10 July 2013).

favourably received by the Governor. As the House of Industry was regularly used for receiving foundlings and sometimes Magdalens, this was not abolished before 1848. Outdoor relief continued to be regularly given throughout the nineteenth century. The suggestion of the Royal Commission to send the majority of the poor applying for alms to the institutions was not practical for the already overcrowded institutions of Malta.

In September 1837 Governor Bouverie argued that the changes recommended by the Secretary of State regarding these two institutions could not be implemented ‘without exposing them to misconceptions which would materially diminish their success’.⁴⁷³ It is not quite clear what Governor Bouverie meant by ‘misconceptions’ and who would have endeavoured to ‘diminish their success’. A despatch from a subsequent Catholic and Irish civil Governor to the Secretary of State in 1851 shed more light on the matter. Richard More O’Ferrall saw the need for a total reform in the organisation of the charities. Instead of reorganising only the higher echelons of the charitable institutions department, he wanted to implement internal regulations for each institution. In his despatch he referred to the charitable system that the Maltese used for hundreds of years.

The habits of dependence on the Government for everything engendered by the system established by the Knights of St John has had a most prejudicial effect on the industry and self reliance of the people, voluntary association for the relief of distress under the name of charity was until very recently unknown at Malta, and perhaps it is the only country in the world in which a poor box is excluded from the Churches. Almost the whole onus of relieving

⁴⁷³ TNA Malta, Governor’s Despatches, GOV 1/2/26, Richard More O’Ferrall to Secretary of State, 21 February 1851, fols 231-43.

distress was thrown on the Government, and as the means of relief were supposed to be large, the demand was in proportion.⁴⁷⁴

These few sentences shed some light on the perceptions of charity and philanthropy by the native population in Malta. It is difficult to assess how reliant was the population on Government charity during the nineteenth century because the only surviving documentation is the official correspondence between British authorities. It is quite clear however that by 1850 the Maltese population relied heavily on the Government outdoor relief. Whilst the British Government was clarifying and regularising the procedure for hospital admissions, the islanders became familiar with the charitable institutions and the admittance procedures. By talking to the parish priest or the Syndic (who were in every district and parish), people could easily obtain the required certificates or advice to apply for relief or admission into the institutions.⁴⁷⁵ Some others applied directly to the authorities by sending personal petitions.⁴⁷⁶ These petitions took the form of letters with pleas for more allowances, admittance or release from a particular institution. These petitions were bargaining tools in a process initiated by the petitioners in order to further their cause with the authorities.⁴⁷⁷

More O'Ferrall also claimed that both Maitland and the Royal Commission of 1836 did not succeed in reforming these institutions while at the same time, the

⁴⁷⁴ Ibid.

⁴⁷⁵ Most of the forms needed the signature of the priest and the syndic (persons of authority in the local districts) to vouchsafe the plea of destitution by the pauper. In the case of admittance to the hospitals or other institutions (apart from the Mental Asylum), a medical certificate was also required by the District Medical Officer. In the case of mental patients, a medical board would meet to discuss each case before admittance to the Asylum.

⁴⁷⁶ Examples of such petitions: Fortunata Borda in 1885 was refused monthly alms after being reported to have begged professionally, while she was being given 2s.6d monthly. The same was recorded for Luigi Azzopardi in August of 1883, TNA Malta, Chief Secretary to Government Petitions, CSG02 2106/1885, from Fortunata Borda to Comptroller of Charitable Institutions, 22 December 1885, TNA Malta, Chief Secretary to Government Petitions, CSG02 6727/1883, from Luigi Azzopardi to Comptroller of Charitable Institutions, 1 August 1883.

⁴⁷⁷ Hundreds of these applications can be found in TNA, Malta, Chief Secretary to Government Collection, Petitions to Government, CSG02.

expense continued to be a huge concern for subsequent Governors. In this despatch he explained that he was ‘happy to say that experience has removed all the delusions so industriously spread among the poorer classes, and that there is now a certain prospect of establishing an economical and efficient system of poor relief if the regulations which I have drawn up and now submit for your Lordship’s approval are firmly adhered to’. This guarded language hides the persons or groups of people behind the ‘delusions [spread] so industriously ... among the poorer classes’.⁴⁷⁸ From More O’Ferrall’s report it is clear that a group of people or a particular class of the Maltese society were not keen on these reforms in the first half of the nineteenth century. It is important to point out that although the language question had not started in full vigour by this time, the chasm between Italian-speaking and Italianate supporters and the pro-British English-speaking group was widening. Although as seen above, relatively few private charities or voluntary philanthropic endeavours were created, the Government charities were by this time totally estranged from the Catholic continental tradition of charitable institutions. The Government funds took over the role that the private voluntary benefactors might have had before. One could argue that this role had already been sustained by the Order of St. John. In certain respects though the Order of St. John retained the financial agreements set up in the original endowments and only intervened if the charity was deemed beneficial for the health or order of the general public. It was under British rule that both administration and finances were homogenised under one Government department.⁴⁷⁹

⁴⁷⁸ TNA Malta, Governor’s Despatches, GOV 1/2/26, Richard More O’Ferrall to Secretary of State, February 1851, folios 231–43.

⁴⁷⁹ Ibid.

Governor More O’Ferrall’s reforms were put into action in 1848. These reforms were essentially a reorganisation of these medical charities in such a way as to make them more efficient, both financially and administratively. He created the post of inspector of charities, to curb the abuses, together with the post of comptroller of contracts, who had the onerous task of finding cheap contractors to supply the Charitable Institutions Department with foodstuffs and other sundries. These reforms, together with internal regulations for each hospital and institution, saw a reduction in expenses from £8,351 to £4,566, making a saving of £3,785. Due to this reorganisation, more people were vaccinated and the number of people benefitting from medical relief after the reforms was 68,042 as opposed to 22,780 in the previous two years. This means that 199 people per thousand of the population were receiving medical aid in 1846 whilst in 1848, after More O’Ferrall’s reforms, 573 people per thousand population were receiving some sort of medical help (in the institutions or in the dispensaries). A look at Table XI below shows that the revenue was always far lower than the expenditure spent on Charitable Institutions alone. This table excludes the revenue and expenditure relative to the quarantine and public health services. The shaded area in the table shows consecutive data from 1845 until 1848. The revenues from 1847 until the reforms in 1848 went up while the expenditure went slightly down by 1848. Yet, interestingly the total expenditure in 1846 was lower than that of 1848. At first glance these Blue Book figures seem to contradict More O’Ferrall’s assertions in the despatch. However, More O’Ferrall’s figures referred to the expenditure on medical relief only. By appointing an inspector of charities and comptroller of contracts, he incurred further expenses: which the Blue Books’ statistics record as part of the general expenditure. On average these reforms reduced the expense for the British Government but they also consolidated

Showing the Revenue and Expenditure of the Charitable Institutions (CI) of Malta Together with the Number of Patients Admitted in the CI and those using the Services of the Dispensaries.				
Date	Revenue (£.s.d.)	Expenditure (£.s.d.)	General Population	Population in Institutions
1828	123.0.11	15,585.18.6	113,964	N/A
1838	1,310.14.8	15,559.5.0	111,547	N/A
1845	742.19.1	17,191.6.6	113,869	N/A
1846	856.12.11	13,679.12.5	114,660	N/A
1847	813.5.0	20,343.9.3	115,932	N/A
1848	1,069.2.10	16,975.7.6	118,694	N/A
1858	446.4.2	20,040.4.2	134,048	CI – 1,490 Dispensaries – 63,974
1868	737.2.4	55,497.6	138,532	CI – 4,506 Dispensaries – 67,42
1878	1,001.9.9	28,805.5.2	150,057	CI – 5,301 Dispensaries – 70,201
1888	1,881.6.11	33,825.17.4	148,717	CI – 5,499 Dispensaries – 82,106
1898	3,629	47,503.7.4	163,314	CI – 6,058 Dispensaries – 97,874
1908	5,568.4.4	68,179.7.7	182,373	CI – 6,982 Dispensaries – 11,8701

Table XI showing the total revenue and total expenditure for the CI from 1828 until 1908 together with the population admitted in the CI and the number of patients using the dispensaries. The population of the dispensaries includes the out-door patients, indoor (or admitted) patients and those for vaccinations. Sources: Malta Blue Books 1828-1908.

the centralisation of these institutions. If previously the charitable institutions' boards had some autonomy or individuality, this independence was utterly replaced by a centralised system with homogeneous regulations which only varied slightly from one institution to another.

One of the most important aspects of these regulations was the admissions policies based on 'deserving' or 'non-deserving' criteria as set up in the 1858 regulations.⁴⁸⁰ For example a child orphaned by only one parent (even though the living parent was in prison or in any other Government institution) could not gain access to the Government orphan asylum. An able-bodied head of a family and his wife could not apply for outdoor relief due to unemployment even though their children were too young to work. Furthermore, many 'deserving' cases which were eligible for admission into institutions could not be admitted due to lack of space. They were instead given outdoor relief and put on the list until vacancies appeared. The worst institutions for overcrowding were the Poor Asylum (where most of the elderly with no familial help got shelter) and the Mental Asylum (as an asylum for long-term illnesses it took longer to create vacancies).

In many colonies, British authorities preferred to run and maintain existing institutions rather than buy land and build new ones. The history of medical services in Ceylon had similar beginnings to the history of the hospitals and institutions in England. In both contexts, institutions were established through voluntary contributions or endowments and eventually these institutions were either left alone or helped along by Government intervention. The Colonial Office preferred to financially sustain these institutions once they were built and well established in their

⁴⁸⁰ TNA Malta, General Miscellaneous Records, GMR 557, 'Regulations for the Central Hospital', 1910.

communities. But the need to reduce the expense and in an endeavour to make them run more efficiently, these institutions were centralised. In other cases, private endowments of lands or buildings were given to the Government for the building or establishment of dispensaries and hospitals for the general public.⁴⁸¹ This was already a setback in the Maltese scenario where the population was steadily increasing, especially in the urban areas.⁴⁸² Voluntary contributions and endowments were not plentiful and the population was reliant on old buildings and hospitals built two centuries before, intended to serve a much smaller population with different medical needs and expectations. Apart from structural defects and limited space, these institutions were plagued with financial problems. When the number of ‘deserving’ applicants petitioning to the Comptroller of Charitable Institutions became too large to accommodate indoors, the outdoor relief system became the safety-valve for both Government and paupers.

The total expenditure of the medical establishments in Malta continued to rise. In 1856 around £24,000 was spent. This increased by 1878 to £28,805 and by 1900 it reached the grand total of £56,283. In 1878 the expenditure on charities amounted to almost one-sixth of the total expenditure of the islands.⁴⁸³ However, the expenditure varied from time to time. During economically prosperous times like the Crimean War in Malta the expenditure fell.⁴⁸⁴ This might be an indication that there was a direct correlation between the levels of poverty and employment

⁴⁸¹ Jones, *Health Policy*, p. 75.

⁴⁸² In the 1842 census the population was 112,500 and by 1852 the population increased to 126,988. It was calculated that the population rose at the rate of 1 per cent to 1.5 per cent every year. Louis F. Cassar, ‘Settlement Patterns in the Maltese Islands; from Early Colonisation to pre-Independence’, *GeoJournal* 41 (1997), pp. 137-44.

⁴⁸³ TNA Malta, General Miscellaneous Reports, GMR 231, ‘Report on the Civil Establishment’, 1880, p. 24.

⁴⁸⁴ The Crimean War brought more employment and boosted the economy in the urban centre of Malta. This was not singular to the Crimean War. Major wars in the Mediterranean provided a temporary relief in the Maltese harbours; mainly due to more employment.

generation in the islands. After 1856 Governor Le Marchant decided to curb the expenditure on poor relief in Malta. He devised various reforms for the civil establishment in Malta and one of them was to reduce the expense on charitable institutions. This was driven by an economic depression which inevitably descended on the islands as soon as the Crimean War was over. The reduction of outdoor relief was not welcomed by the Colonial Office when Le Marchant proposed it. They advised Le Marchant that caution needed to be exercised when dealing with the poor relief in Malta as any drastic changes could create popular resentment.⁴⁸⁵

A local medical officer wrote an interesting report on the general administration and internal affairs of Malta in 1867. Charles Casolani was vocal on local matters especially those related to politics and the medical world. He also voiced his opinion on the sanitary system in Malta and frequently wrote in the local newspapers. In 1867 he attacked the Governmental policy of centralising all the public charities. He argued that even though a substantial amount of money was spent by the British Government this was still insufficient for the needs of the population. Casolani's argument was that as Catholics the Maltese always felt the need to give alms and charity to those poorer than themselves. In this report he proposed that the Government should cease to control and finance the public charities and instead give more space to the voluntary sector. He chastised the authorities:

The Government, by taking upon itself to do everything for the poor, whilst it deprives those institutions of further endowments, donations, and

⁴⁸⁵ Godfrey A. Pirotta, *The Maltese Public Service 1800-1940; The Administrative Politics of a Micro-State* (Msida, 1996), pp. 174-75.

gratuitous assistance, incurs all the odium which the responsibility of the performance of such painful and difficult duties throws upon it.⁴⁸⁶

This system stifled the instincts buried within individuals willing to give charity voluntarily. Casolani was certain that once the Government stepped back and left the people to take care of their own, the local population would rise to the challenge of voluntary aid. His ideas incorporated the abolition of the offices of the Comptroller of the Charitable Institutions together with the Committee. He argued that this voluntary system with plenty of endowments was to be actively encouraged amongst the population.⁴⁸⁷ This report explained how the imposition of the utilitarian system on the traditional endowments and poor charities in this island, subdued the generosity of volunteers.

Casolani, himself a middle-class medical gentleman, well-travelled and well read, must have been aware of the utilitarian approach and the movement which led to the founding of the Charity Organisation Society (hereafter COS). In this report he referred to the 'deservability' of those seeking alms or admission to the institutions.⁴⁸⁸ The COS was established in 1869 in London and from the beginning it benefitted from the patronage of nobility and royalty. The aim of the organisation was to put more responsibility on the wealthy to protect and mould the character of the poor in society. The COS wanted to stop the 'irresponsible haphazard provision of relief to the impoverished'.⁴⁸⁹ They insisted that the 'deserving poor' were in need of help and rehabilitation into society. Those 'undeserving' were sent to Poor Law

⁴⁸⁶ Charles Casolani, *Suggestions with Regard to the General Administration and Internal Affairs of Malta* (London and Malta, 1867), pp. 1-52.

⁴⁸⁷ Ibid.

⁴⁸⁸ He discussed this element of charity-giving in more detail in one of his contributions in the local newspaper. Casolani, 'Poor Relief', *Malta Standard*, 18 December 1884, p. 1.

⁴⁸⁹ Robert Humphreys, *Poor Relief and Charity 1869-1945: the London Charity Organisation Society* (Basingstoke and New York, 2001), pp. 1-2.

authorities. Most important, the COS and similar charities, attracted voluntary charity from individuals of independent means.⁴⁹⁰ Although it does not seem that Casolani was in contact with the COS, he must have been aware of the ideas about voluntarism as proposed by the first Council preceding the COS.⁴⁹¹ Casolani occasionally quoted the Christian teachings of Cardinal Newman and Archbishop Manning, amongst others, to emphasise the lack of breathing space for the philanthropic members of the Maltese society.⁴⁹²

Despite Casolani's recriminations that voluntary aid was hampered by state intervention, it is still not clear why voluntary aid in Malta was not as strong as in England. In England the Government controlled the poor houses, workhouses and outdoor relief. Yet voluntary contributions and endowments were the backbone of voluntary hospitals and societies in both rural and urban areas. It seems that in comparison, private charity and philanthropy were generally lacking in Malta with little or no interest from the local population to contribute towards the charity doled out by the Government. One explanation might be that the tradition of medical care given by the Knights of St. John became so deeply ingrained into Maltese society that as soon as the British Government centralised the public charities, the Maltese were lulled into a sense of security. It was as if these charities were rightfully theirs. In some cases private individuals petitioned directly to the Governor to ask for alms or

⁴⁹⁰ Ibid.

⁴⁹¹ Ibid., p.23. The COS was preceded by another council, The Association for the Prevention of Pauperism and Crime in the Metropolis (LAPPC) set up in 1868. Amongst the members of this Council was Archbishop Manning.

⁴⁹² 'Review; Two Letters Suggested by the Present Educational Crisis. Addressed to the Honourable Ramiro Barbaro Del Marchesi S. Giorgio, Member of the Council of Government, and Editor of the *Corriere Mercantile* Maltese, by Charles Casolani', *Tablet; The International Catholic News Weekly*, 26 October 1872, p. 525, Casolani was also in contact with Cardinal Newman during the debate over the Universal Elementary Education in England (1866-1870). He sent his pamphlet to Cardinal Newman, (Casolani, *Suggestions with regard to the General Administration*). Newman answered Charles Casolani on the educational question and the place of Catholicism in the new educational reforms in England. Charles Stephen Dessain (ed), *The Letters and Diaries of John Henry Newman*, vol. XXIV (Oxford, 1973), letter from John Henry Newman to Charles Casolani 12 February 1868, p. 36.

to have a member of their family institutionalised. The elderly manipulated the admissions policies of the Poor House. They applied to be institutionalised during the winter. This relieved their families from having to look after them during the harsh months of cold weather. During the summer months they would then discharge themselves, in lieu of some outdoor relief, to go back and help their families with the rearing of the children, household chores and harvesting of crops. There was an element of manipulation of the system by the islanders and most importantly they felt entitled to receive this help.⁴⁹³

Despite Casolani's suggestions, the Charitable Institutions Department was not abolished but continued to be an object of reforms over the nineteenth century. Multiple amendments to the regulations were put into effect after 1850. In 1878 another Royal Commission was sent to Malta to study the island's social and financial problems: in particular to recommend reforms in the educational sector (Patrick Keenan) and to comment on the financial situation of the island (Penrose Julyan). This time the Royal Commission was composed of Patrick Keenan and Penrose Julyan. Keenan was born in Dublin and became an educationist and educational administrator. He rose through the ranks and was established as the resident commissioner of national education in 1871. In Ireland he was recognised as a leading authority in educational administration and in 1868 he was the mediator and advisor between the Catholic Church and the Government in the national education reforms.⁴⁹⁴ Julyan was born in Canada and came to the attention of the British administration when he became responsible for the organisation of an immigrant quarantine station on Grosse Island. He then worked briefly in Ireland as a

⁴⁹³ Chircop, 'Old Age Coping Strategies', pp. 63-64.

⁴⁹⁴ S. M. Parkes, 'Keenan, Sir Patrick Joseph (1826-1894)', *Oxford Dictionary of National Biography*, (Oxford, 2004), extract available online <http://www.oxforddnb.com/view/article/37624>, (9 July 2013).

commissioner on the Board of Works until he was sent to Malta to give his recommendations about Malta's economy and financial state.⁴⁹⁵

Both the sanitary office and the charitable institutions came under the scrutiny of these two commissioners. They proposed reforms in both departments with the intention of reducing costs. Julyan called the expensive system of poor relief in Malta 'the *enfant terrible*'. He stated that it was beyond his intentions 'to call in question the policy that governs the treatment of the poor in these Islands' and while he limited himself to internal administrative changes, like other changes before them, they could only bring the expense down by a few thousand pounds. Indeed, in the section of the Commissioners' report on the Charitable Institutions, Julyan argued that the popular impression (at the time) that the British Government inherited everything from the Order of St. John as a liability was incorrect. He argued that the British Government inherited pious institutions, the proceeds of which were to go towards the expenses of public charitable institutions. He mentioned no less than nine pious foundations, including sums and interests bequeathed to the *Monte di Pieta*, *Monte di Redenzione*, 'Santo Spirito Hospital', the Magdalens' Asylum and other *cumuli*, aimed at encouraging marriages between the poor and the distribution of alms. In a similar way to the revenues of the *Universita' dei Grani* in 1817, all these proceeds (£3,532) were forwarded to the Revenue Department in 1877. Although this sum was not enough to significantly reduce the expenditure of the state on charity, it was clear that before Maitland's consolidation of all the charities under one department,

⁴⁹⁵ David Sunderland, 'Julyan, Sir Penrose Goodchild (1816-1907)', *Oxford Dictionary of National Biography*, (Oxford, 2004), extract available online, <http://www.oxforddnb.com/view/article/57564>, (9 July 2013).

the various charities were more or less independent from each other.⁴⁹⁶ Keenan and Julyan recommended more reforms especially with regard to the sanitation of the islands. They suggested that the Sanitary Board be abolished and instead a Board of Health be established and the new post of Chief Government Medical Officer be created with the aim of overseeing the health-related departments; both civil and those related to quarantine. This report shows clearly the current preoccupation of the local British authorities on the sanitary aspects of the islands and the need for reform.⁴⁹⁷

Government Charities in Cyprus

Of these various institutions, it is difficult to say more than that they are certainly better than nothing, and that as the inhabitants do not know of nor care for better things, they are presumably sufficient for the wishes, if not the wants of the Cypriots. Simple remedies are well adapted to simple lives; and as we are told on Government authority that patients are generally brought to the hospitals in a dying state, when they are beyond all medical aid, they are, no doubt, easily satisfied.⁴⁹⁸

This is a quote taken from an article written by Ulick Ralph Burke about Cyprus under British rule. Apart from this brash and simplistic explanation of the lack of

⁴⁹⁶ TNA Malta, General and Miscellaneous Reports, 'Royal Commissioners' Report, GMR 231, Patrick Keenan and Penrose Julyan, 'Report on the Civil Establishments', Patrick Kennan and Penrose Julyan, GMR 231, pp. 24-31.

⁴⁹⁷ The Sanitary Department reform and the politico-medical debate over the Sanitary Question in Malta will be discussed in Chapter 4.

⁴⁹⁸ The quote taken from Burke, 'What we have done for Cyprus', pp. 112-13, Ulick Ralph Burke was a Spanish scholar born in Dublin and practised law as a profession. He travelled extensively and practised law in Cyprus from 1885 to 1889, Thomas Seecombe, 'Burke, Ulick Ralph (1845-1895)', *Oxford Dictionary of National Biography*, (Oxford, 2004), an extract available online, <http://www.oxforddnb.com/view/article/4029>, (9 July 2013).

Western health services and medical resources, Burke noted the different hospitals and medical institutions in the island at the time. There were hospitals in Nicosia, Larnaca and Limassol and six dispensaries, one in each major town with a district medical officer attached to each and a Chief Government Medical Officer supervising the district medical officers. There was also an old leprosarium about a mile away from the gates of Nicosia. These services were all maintained by the British Government as part of Cyprus' public health.⁴⁹⁹

In December 1878 a hospital with a dispensary was opened as a private charity following the generous endowment donated by Richard Mattei.⁵⁰⁰ As in the cases of both Malta and Ceylon, the British protectorate Government in Cyprus offered the services of a district medical officer and a grant of £50 a year for the maintenance of this hospital. The private subscriptions for the hospital amounted to £159, which, together with the Government aid, amounted to £209. The expenditure was just £174 in 1878 and 1,300 islanders were given treatment together with another 38 non-native islanders. This hospital was mentioned in the editorial of the *Cyprus Larnaca* newspaper in 1880.⁵⁰¹ Following a description of the new hospital, this editorial continued to discuss charity-giving and how philanthropy should work. Strong views were expressed; 'our alleviation of the woes of the poorer classes does not rest in the idea which [English essayist] Charles Lamb ridiculed that no money should be given to an unknown suppliant'.⁵⁰² The newspaper went on to explain the pitiable situation of the Arabic portion of the population, criticising Cyprus for its

⁴⁹⁹ Burke, 'What we have', pp. 112-13.

⁵⁰⁰ Riccardo or Richard Mattei (1826-1893) was one of the few big Latin merchant in Cyprus. He was also a member of the first Legislative Council and mastermind behind the first successful method for the eradication of locusts in Cyprus.

⁵⁰¹ The Cyprus Larnaca Newspaper was published in English from 29 August 1878 to 7 August 1899. Claude Delaval Cobham, *Excerpta Cypria* (Cambridge, 1908).

⁵⁰² This excerpt from the newspaper is referring to the work by the English essayist Charles Lamb, *Essays of Elia* (Paris, 1835), pp. 125-32 his essay called 'A Complaint of the Decay of Beggars in the Metropolis'.

lack of humane regard towards the poorest and the lack of institutions like orphanages.⁵⁰³

The living conditions and the health situation of the Cypriot people in 1878 were wretched. The island was devoid of any roads, bridges or communication between the big towns and sparse villages. Peasants were devoid of any livelihood due to recurring locust blights and droughts. They did not fare better under the British rule either. The Cypriots continued to pay the tax to the Turkish Porte under British rule. It was collected by the efficient British administration which did not permit possible exemptions. Health-wise the Cypriots' traditional methods of healing were preferred by the islanders. They had few hospitals and no asylums apart from the Leper Farm outside the walls of Nicosia.⁵⁰⁴

Before Cyprus became a British protectorate there were no organised attempts to give medical and surgical help to the poor. The aid given by both the monks and priests (together with other specialised islanders in traditional methods of healing) was sporadic and based on local knowledge. Colonial discourse shows the feelings of frustration experienced by medical officers over the local attitudes towards certain endemic illnesses. In 1879 the Chief Government Medical Officer Heidenstam reported that diseases such as ophthalmia (which were easily cured in their early stages) were often neglected until it was too late for medical practitioners to intervene with any degree of success.⁵⁰⁵ By 1883 in Limassol there was a poorhouse together with a municipal hospital.⁵⁰⁶ The attendance in these municipal

⁵⁰³ 'The Charities that Soothe and Heal and Bless are Scattered at the feet of man like Flowers', *Cyprus Larnaca*, 26 February 1881, p.2.

⁵⁰⁴ Kyriacos Demetriou, 'Victorian Cyprus: Society and Institutions in the Aftermath of the Anglo-Turkish Convention, 1878-1891', *Byzantine and Modern Greek Studies*, 21(1997), pp. 17-22.

⁵⁰⁵ TNA London, Public Record Office, CO 67/10, Frederick Charles von Heidenstam, 'Report of the Sanitary Officer for the Town of Larnaca 1879', 29 December 1879.

⁵⁰⁶ 'Return of the Municipal Hospital and Poor house of Limassol', *Cyprus Herald*, 22 January 1883, p. 2.

hospitals was of a few hundred in each but they were characteristically confined to the urban areas, leaving the practise of traditional medicine to continue in the rural parts of the island. This was not characteristic only of the British rule in Cyprus. Margaret Jones in her work on Ceylon claimed that British authorities introduced health services and medical relief in the urban areas and left the rural areas without any Western medical aid.⁵⁰⁷

Eventually throughout the twentieth century, the Western public health care system took over and the traditional methods used by many islanders were largely abandoned in Cyprus. Some, however, still believed in the power of religious prayer and religious methods of healing and continued practising them, and for a few decades islanders used both methods of healing until the Western medicine as imported into Cyprus by the British took over in the twentieth century. In her work on the healing systems as used in the Cape in South Africa, Anne Digby observed the same coping mechanisms amongst the local inhabitants of the Cape. There, indigenous medicine included a variety of practices from herbalism to the practice of witchcraft and sorcery. Most Africans did not reject Western medicine, instead used it in conjunction with indigenous medicine. Certain ailments could be treated by a traditional healer while other diseases were treated by a Western physician. Anne Digby argues that a simple distinction between the Western medicine practised by Western trained doctors and the traditional local methods of healing is over simplistic. Both patients and practitioners selected what they needed from both types of methods of healing and profited from both.⁵⁰⁸ The same could be said of Ceylon. The medical relief methods were modified by local exigencies and traditions. The Imperial Government, the local medical practitioners and the patients adapted to

⁵⁰⁷ Jones, *Health Policy*, pp. 52-58.

⁵⁰⁸ Digby, *Diversity and Division*, pp. 27-191.

a system whereby traditional methods of healing and those Western methods were interchangeably used by the Ceylonese.⁵⁰⁹

This system of ‘pick and choose’ as practised by some of the colonised within the Empire can be likened to the conscious or unconscious choices that islanders make between different cultural elements of the imperial identity. As discussed in this chapter’s introduction, Matthews and Travers in their edited work, *Islands and Britishness; A Global Perspective* explain how islanders choose various cultural elements from their colonisers identity and commodified them for their benefit. Other parts from the British imperial identity were discarded or forgotten. They named this process, ‘Buffet Britishness’.⁵¹⁰ In this case the islanders picked and chose methods of healing as benefitted their culture or illness.

As in the Cape and in Ceylon, the major political tension between the colonisers and the islanders in Cyprus stemmed from more serious political questions. Thus, although there was a definite difference between the use of herbal medicine and traditional methods of healing and the Western allopathic medicine as introduced by the British, there does not seem to have been any conflict. Rather it seems that they co-existed together for some decades before Western public health system took completely over.

These two islands, although both Mediterranean and under British rule for many decades, developed different and unique systems of public health and medical relief. In Malta there were no less than thirteen Government-led charitable institutions or services apart from public sanitary measures like quarantine. In Cyprus, the British retained and maintained the urban institutions and increased relief in the districts by appointing various District Medical Officers. There were enough

⁵⁰⁹ Jones, *Health Policy*, pp. 52-58.

⁵¹⁰ Matthews and Travers, *Islands and Britishness*, pp. 8-9.

similarities between the two islands to suggest that in some colonies, authorities followed the same basic rules. In Ceylon, Malta and Cyprus few institutions, if any, were ever built for medical civil use. In Malta the problems of overcrowding in the institutions created such an impasse (especially with regard the huge amounts of outdoor relief) that in 1865, and later in 1899, a Mental Asylum and a Poor House were both funded and built by the British Government. These were the only two buildings purposefully built for the reception of mental patients and paupers respectively. This contrasted greatly with the large amounts of money spent on the building and renovation of old hospitals and quarantine stations for the use of the garrisons and troops, in both Malta and Cyprus.

Conclusion

In this chapter I analysed an array of themes with the object of creating a coherent understanding of the different religious endowments, charity, philanthropy, monastic traditions and colonial service in the Mediterranean basin. The aim of this work was to study the 'Imperial' and the 'Mediterranean-regional' systems of charity-giving in the Mediterranean with special emphasis on the theological ideologies of the different churches, religious societies and monastic orders. Charity is inherently a subject with blurred boundaries of definition. It is difficult to analyse, especially because charity could be distributed for a variety of reasons, with different motivations in mind, some of which remain private and hidden. This chapter looked at all the coping mechanisms and systems used by the islanders in order to deal with poverty, illness and other social problems.

The different theological views on philanthropy and charity changed during the nineteenth century. Although Protestantism, Catholicism and Orthodoxy are all denominations of Christianity, the methods of charity-giving were different within each denomination. In Protestant Britain motivations for charity-giving were different from those in Italy and France. These countries struggled with the thorny issue of state intervention. So while this struggle was going on in the West side of the Mediterranean, at the other end political struggles heavily impinged on the local lives of the islanders. In British Cyprus, the main three religions dealt differently with the issues of charity-giving. British Protestant and utilitarian beliefs on philanthropy were also alien concepts for nineteenth-century Cypriots. For many centuries the Orthodox Church and the Latin Christians in Cyprus were oppressed by the Ottoman Empire. Despite political and religious unrest all three different religions (albeit in different ways) contributed towards the poor, the sick and the unfortunate. Under Ottoman rule the *awqāf* were encouraged and grew in number. The Latin Church monastics, together with a minority of Maronites, set out to help those less fortunate in the same way as the Latin Church sisters or monks did in the West. By the arrival of the British in Cyprus in 1878 the traditional methods of healing for the Greek Orthodox had been established for centuries and were the backbone of public care in the island with the monasteries at the heart of such service.

This chapter sought to understand how the local islands' systems of relief fared under a colonial, Protestant and utilitarian rule. In Malta and Cyprus, the clash between coloniser and colonised over famines and poverty was not as tumultuous as in India and certainly did not leave the same devastation. With regard to charity-giving in these Mediterranean islands, British authorities used previous experience, classical utilitarian ideals and a great deal of sensitivity for local problems. It does

not seem that authorities had homogeneous rules of charity-giving all over the Empire. If we take the example of how the British authorities dealt with the famines in India, it is quite clear that the traditional local systems of relief used by the Indians for centuries were repudiated by the British authorities and instead the colonisers used classical utilitarian ideals.⁵¹¹ In both Malta and India, local indigenous populations created their own systems of relief and contingencies to be used during famines or economic depression. Albeit using different methods of relief, both populations cared for their sick and poor. Whilst in India the local system was rejected by the British, in Malta the institutions and the poor relief were to all intents and purposes, endorsed, sustained, administered and bettered.

British authorities used tried and tested methods especially if they were previously successful. In Ceylon, the autocratic and able administrator, Thomas Maitland restructured the island's administrative and political structures. He was then asked to do the same in both Malta and the Ionian Islands. In Malta his penchant for smooth and efficient administration extended to the administration of the various charitable institutions. By his own admission, he used methods which had been previously tested, predicting their efficacy for a place like Malta. Contemporary political philosophy or classical economic thoughts were appreciated by Maitland although they did not play a role in his policies for the Mediterranean colonies. There is no evidence that any of Maitland's reforms enacted with regards to the charitable institutions and relief systems in Malta were part of either an imperial-wide reform or following Protestant-utilitarian ideals. I argue that the reforms enacted during Maitland's rule were entirely of his conception. However, this can only be said with regards to the local governance of the islands. When royal

⁵¹¹ For more details on the famines in India Arnold, 'The Medicalisation of Poverty', pp. 488-504., Brewis, "Fill full the Mouth of famine", pp. 887-918.

commissioners were asked to report on how reforms could be conducted, their suggestions reflected their previous work in Ireland and their proposals encompassed the bigger ideals in which they believed. This might be the reason why some of the reforms, such as the changes proposed by the royal commissioners in 1836 and then again in 1878 were belatedly (or at times never) endorsed. They simply did not fit the Maltese case. In 1836 the commissioners' suggestion was to revert back to the centralised system as organised by Maitland and to curtail the outdoor relief system to those who already received it: no new applicants were to be accepted. In 1878 they reiterated the need to curb the expense and especially the out-door relief funds. Similar centralisation took place in the early decades in the Irish poor relief institutions. Historian Oliver MacDonagh claims that the Irish health services were 'the most advanced health services in Europe in the first half of the nineteenth century'. However, Ronald Cassell disputes the tendency to see the Irish medical charities as totally uniform and centralised. He claims that in practise there were great variations in the administration of these charities.⁵¹²

Therefore, the question remains; was poor relief the object of disagreement between colonisers and colonised in these islands? In Malta and Cyprus there were discussions on how much the population should do for the benefit of its own poor and indigent. The British authorities, Government officials and the local press were vocal about the need for more philanthropy where benefactors act on their own volition. Voluntary philanthropy (the little that there was) was always rewarded by the British authorities. A colonial trend amongst the British rulers was to administer and financially aid institutions which were previously donated by local benefactors.

This was the case for all of the individual voluntary institutions in Malta, the hospital

⁵¹² Ronald Cassell, *Medical Charities, Medical Politics: The Irish Dispensary System and the Poor Law 1836-1872* (Suffolk and New York, 1997), pp. 16-17.

in Cyprus and also the charities in other colonies like Ceylon. Religious institutions were also helped within the colonies and in many cases strong relationships were forged between the British Government and particular institutions in terms of financial help. But perhaps less understanding and care was taken with regard the *awqāf* in Cyprus. Many endowments were lost during the British administration due to the mismanagement of the *Evkaf* Administration. The land belonging to the *Evkaf* was bought by the British administration to build roads and bridges. In Cyprus the incursion of the Western methods of healing and medicine edged the traditional, religious beliefs out. The traditional public care system lead by the local monasteries was by the twentieth century being taken over by the spreading public health system that the British administered for the whole population.

This study concludes that despite different theological or philosophical ideals, local systems of relief and charity were accepted by the British rulers. Local traditional methods were modified and changed by the British authorities to suit their models but were rarely actively abolished in favour of a different system. In the case of the traditional Orthodox herbal methods of healing, the new system of public health simply outshone the old. The population learned to live with both systems depending on the severity and nature of their illness. In the case of Malta, total control over the administration pushed the Maltese population into a state of complacency and disinterest towards voluntary philanthropic aid (with few exceptions). The system worked on partially utilitarian precepts and the islanders used those rules to their advantage; at times bargaining with the authorities for more or better conditions. There did not seem to be any fixed imperial rules about charity and poor relief. Some ideas were repeated and practised in many colonies (such as administering previously voluntary institutions) but methods of relief and

philanthropy developed independently in many colonies and British authorities managed them according to what individual rulers thought were the best precepts. Sometimes these ideals created a rift between coloniser and 'native' (for example in India) but in other colonies, like the Mediterranean ones, differences were readily absorbed by the colonisers and used in conjunction with other traditional relief mechanisms.

4

Public Health and Sanitary Reform; the Case of Malta

It is well known that, in Malta, officers and men suffer from a form of fever to which Professor Maclean lately has applied the provisional term ‘typhomalarial’⁵¹³; a fever that seems, to have an indefinite duration... They [officers and soldiers] are living under conditions so insanitary as to generate and aggravate disease and to render treatment useless. The women suffer from fever, and the children from diarrhoea, to an extent that can only be caused by want of proper sanitary arrangements.⁵¹⁴

The above quote appeared in an article in the *British Medical Journal* on 9 August 1879 under the heading ‘The Hygienic Condition of Malta’. The anonymous article described the horrible illnesses suffered by the garrisons in Malta and urged the military authorities in Malta and England to address the issue of fevers and general sanitation of the island. In Malta and Cyprus fevers were very common and many islanders suffered the same fate as the sailors and the troops stationed there. Yet this article does not mention the Maltese people and how fevers and insanitary conditions affected them. Fevers were not the only problem in Malta. Regular bouts of cholera and plague visited the islands. The worst plague to hit the islands in the nineteenth

⁵¹³ Typhomalaria is ‘a form of fever having symptoms both of malarial and typhoid fever’. Porter, *Webster's Revised Unabridged*.

⁵¹⁴ ‘The Hygienic Condition of Malta’, *British Medical Journal*, 9 August 1879, pp. 234-35.

century was the 1813 plague. It was then followed by cholera epidemics throughout the nineteenth century.

Following the 1865 cholera bout, there was increasing interest by the British authorities in Malta and England to investigate the issue of sanitation in the Maltese Islands. In 1867, Dr John Sutherland prepared a report for the War Office with details of how Malta was faring after the cholera bout. Apart from the statistics on the cholera epidemic and the morbidity and mortality rates, Sutherland investigated the sanitary condition of the garrisons, the towns and the villages of Malta. In the garrisons he found that, whereas previously collected data showed that the families in the garrisons were living in good conditions and spacious houses, 'any officer of health in England would pronounce [these conditions] to be dirty, unwholesome and crowded'. Houses in the towns which were struck by cholera were filthy and 'unfit for human habitation'. In particular, Sutherland described the awful conditions he saw in the 'Manderaggio' (a slum in Valletta) and the south part of Valletta near St. Elmo fort. When visiting the villages to assess the sanitary conditions there, Sutherland found the typical *kerrejjiet* (similar to rookeries) and village farmhouses in which families lived with pigs and other livestock. Every house had a 'dung room' in which waste was thrown to create manure. Apart from the cities around the Grand Harbour and a handful of villages, the rest of Malta did not have any drainage system. Water was not delivered to these villages and they relied on the water collected in the cisterns. In general, the households in villages had no privy and no drainage facilities. Sutherland found the villages in a worst state than the towns and garrison areas. The sanitary conditions in Malta, whether in the towns or in the rural

areas, were poor and Sutherland blamed these filthy conditions for the outbreaks of cholera in some of the urban and rural areas he visited.⁵¹⁵

This chapter will focus on sanitary reforms in Malta during the nineteenth century. One of the main points discussed in this chapter is the Maltese people's rejection of the 'liberal' sanitary reforms proposed by the local British authorities. Recent research on colonial reforms in urban areas has shown that colonial sanitary or building projects were far more contested by the colonised than previously assumed.⁵¹⁶ The story of sanitary reform in Malta is another such case study, demonstrating how colonial initiatives were rejected and contested by local politicians. The sanitary reform of Malta (and the debates surrounding it) started after the 1865 cholera and continued in earnest until the 1880s. In this period, the debates over the 'language question' were occupying most of the Council of Government's time. The 'language question' in Malta divided the Council between those in favour of Anglicisation and those wishing to retain the Italian language in schools and other Governmental institutions. Thus, it can be said that the 'language question' and the sanitary reform evolved in a highly-charged political discussion. This reform became embroiled in local politics and was seen by local Maltese politicians as a reform aimed solely at bettering the garrisons' health. The elected members of the Council of Government believed that the Maltese Government was being asked to shoulder a huge expense which would solely benefit the British

⁵¹⁵ John Sutherland, *Report on the Sanitary Condition of Malta and Gozo, with reference to the Epidemic Cholera in the year 1865* (London, 1867), pp. 32-33, 37-38, 42-43.

⁵¹⁶ Some examples. Jyoti Hosagraher, *Indigenous Modernities; Negotiating Architecture and Urbanism* (London and New York, 2005), Brenda Yeoh, *Contesting Space in Colonial Singapore; Power and Space in the Urban Built Environment* (Singapore, 2003), Colin McFarlane, 'Governing the Contaminated City; Infrastructure and Sanitation in Colonial and Postcolonial Bombay', *International Journal of Urban and Regional Research* 32(2008), pp. 413-35.

garrisons and the navy. For this reason they refused to vote the money that the local Government in Malta required to start with the necessary works.⁵¹⁷

This chapter will challenge traditional historiographical works which dismiss the political unrest created by efforts to introduce sanitary reform as solely an incident entangled in the debate of the ‘language question’ and party politics.⁵¹⁸ Although party politics and the ‘language question’ certainly contributed to this political unrest, sanitary reform was exploited by local politicians for other political ends. Viewing this conflict as simply another incident where colonialists used colonial medicine as a tool of imperialism is also too simplistic a perspective. As Cecilia Chu argues, it is quite easy to view the discussion of a colonial conflict as a colonised-coloniser binary argument. She explains that its ‘not so much the extent to which native populations were being discriminated against in specific policies or projects, but the emergence of new modes of governance wherein the ‘colonisers’ and the ‘colonised’ both adapted themselves to a changing political and economic order.’⁵¹⁹ In the sanitary reform debate, colonialists themselves were significantly divided in opinion. Indeed, the colonial registers show a marked difference in opinion between the Colonial Office and the Governors in Malta. The local Maltese elites were also divided over this conflict; on the one hand there were the local ‘ex-officio’ members who were collaborating with the British Government and on the

⁵¹⁷ Malta was given letters patent as early as 1815 but it was the letters patent of 1849 that gave the Maltese people a Council of Government with eight official members (from the Government’s side) and seven elected by the people. The Governor retained the right to veto. The official members were mostly heads of departments chosen for their loyalty to the Crown. They were in majority against the elected politicians who were mostly part of the local elites (many were lawyers by profession). In this Chapter I refer to the members of the Government, meaning the official members sitting opposite the elected members of the Council. Thus, this Chapter discusses three different groups; the official members of Government, the elected members (local elites) and the colonial Government (represented locally by the Governor). For more see; Cremona, *The Maltese Constitution*.

⁵¹⁸ Frendo, *Party Politics in a Fortress Colony*.

⁵¹⁹ Cecilia Chu, ‘Combating Nuisance; Sanitation, Regulation and the Politics of Property in Colonial Hong Kong’ in Robert Peckham and David M. Pomfret (eds.), *Imperial Contagions; Medicine, Hygiene and Cultures of Planning in Asia* (Hong Kong, 2013), pp. 17-36.

other, elected members who opposed this reform in the Council of Government.⁵²⁰

The contemporary parliamentary debates show that the Council of Government had become a battleground for the collaborators and the elected members. Therefore, this was not only a struggle between colonised and coloniser but also a fight between local elected members and official members (or collaborators of the British Government in Malta).

In Britain the concept of public health arose as a response to growing urban populations, increasing poverty and high levels of infectious diseases. Increasingly, the health of the people had become a matter of state concern, although in the eighteenth century and beginning of the nineteenth century direct state intervention was only used in cases of plague or other outbreaks of contagious diseases. From 1840s onwards, the state provided and managed the public health of the population even when there were no major outbreaks of diseases. Edwin Chadwick's report of 1842 was motivated by the state of poverty and disease experienced by many families after the cholera bouts of the 1830s. Chadwick's reforms took a different approach to other previous models of reform⁵²¹; he insisted that better sanitation and water supply would reduce disease and poverty which in turn would reduce Government expenses on poor relief. Moreover, it was deemed that insanitary conditions 'caused social as well as biological disease, a psychological degradation that led desperate people to invest their hope in alcohol, or worse, in revolution.'⁵²² In 1843, a Royal Commission was asked to look into the details of the sanitary situation of fifty of the largest towns in England. They reported back that more could be done to improve

⁵²⁰ The collaborators were the ex-officio members in the Council who were the heads of all major Government departments. Like the elected members, the collaborators of the British Government were Maltese. They were typically anglophiles and in favour of the English language in the 'Language Question'.

⁵²¹ Anne Hardy, 'The Public in Public Health' in Christian Emden and David Midgley (eds.), *Beyond Habermas; Democracy, Knowledge and the Public Sphere* (New York and Oxford, 2013), pp. 87-89.

⁵²² Christopher Hamlin and Sally Sheard, 'Revolutions in Public Health; 1848 and 1998?', *British Medical Journal*, 317(1998), p. 558

the sanitary conditions of some towns they visited. The Royal Commissioners' visits around England gave a new hope to various local authorities. This was an important step towards legislation. Yet the Royal Commissioners' report only gave broad suggestions towards the improvement of public health. This frustrated the drafters of the legislations in the Tory Government. More work was needed and after further delays in 1846 (due to debates on the Corn Law and the Irish Famine), the Public Health Act was passed in 1848.⁵²³ Although there had been considerable support for this Act, English liberalism, which favoured individualistic ideals, went against the sort of state intervention proposed by the Act in 1848. The Public Health Act took a view that since sanitary problems like lack of water and defective sewerage affected the general population, the local and national Governments were to work together and solve these issues as a nation. The public health reforms in England will be the backdrop for the sanitary reforms in Malta. In this chapter I will analyse these reforms in the light of the shifts in public health in England and other colonies.

State intervention in public health in England was hampered from the beginning by an existing political culture which emphasised the importance of personal liberty. This led to protests (such as the anti-vaccination movement and the crusade against the implementation of the CD Acts) aimed at keeping state intervention to a minimum in order to safeguard the rights of the individual and the individual's liberty. In the Maltese context, however, the opposition to colonial intervention did not stem from any particular fear of reduced personal liberties. Rather, sanitary reform in Malta was almost immediately impeded by local politics. A hate triangle between the elected members, the official Government members and the colonial authorities developed into a saga which troubled local administrators for decades. The elected members refused to vote the money to initiate sanitary reforms

⁵²³ Ibid., pp. 558-89.

(including drainage and water reforms) from which, they claimed, only the garrisons would benefit. Ultimately the British Government moved away from the use of the 'Cardwell Principle' of 1864⁵²⁴ and reverted back to using the official majority to pass motions against the wishes of the elected members. This meant that the local Council of Government reverted back to the limited powers of the original 1849 letters patent. The Governor ruled unhindered together with the other official members of the Council. The elected members were present but had no constitutional powers. Naturally, this created an upheaval in local politics and hardened politicians against any sort of amicable solution they might have sought. Thus local politicians, used the sanitary reform as a political tool against British authorities for a lack of constitutional representation. The country's constitutional development was halted as it went back to a less liberal and less democratic letters patent .

Another question discussed in this chapter is the role of medicalisation as an aspect of sanitation reforms, both in England and in the Empire. Christopher Hamlin argues that the medical profession could not intervene when the movement for sanitary reform started in England. He claims that the medical profession was not unified and only became united towards the end of the 1850s. However, this did not mean that physicians did not take up state medical appointments, especially in the Poor Law unions. They were quite strong within the local communities but Hamlin explains that they were not the only professional group vying for control in

⁵²⁴ The 'Cardwell Principle' was given by Lord Cardwell in 1864 after Governor Le Marchant pushed several expensive public works projects using the official majority in the Council of Government ignoring the wishes of the elected members. The "Cardwell Principle" decreed that 'no vote of money was to be pressed against the opposition of a majority of the elected members, other than in exceptional cases'. Lord Cardwell issued other Cardwell reforms in other colonies but most of them are military in nature and had the intent of safeguarding the garrisons and the troops. The 'Cardwell Principle' in Malta was directed at the interests and well-being of the representative legislation of the Maltese Council of Government.

the local health administration.⁵²⁵ Chadwick's sanitary reform was largely devoid of medical analysis or intervention from the medical profession. The shift from public health as a sanitary project to the idea of medical management occurred in the second half of the nineteenth century with the position of chief health administrator occupied by John Simon (pathologist and surgeon at St. Thomas' Hospital).⁵²⁶ In 1855 Simon became the Medical Officer to the General Board of Health. He believed that the health of the people or the community was part of the social, economic and political developments in the country. Through the study of morbidity and mortality data he could implement preventive measures. His work also included the study of specific topics and the publication of annual reports (to both the Parliament and the press).⁵²⁷ Subsequently the 1875 Public Health Act codified sanitary legislation and made it compulsory for every local board of health to follow it. The medical department of the Privy Council was then amalgamated with the Poor Law authorities. This was not a happy union and the Board was dominated by the Poor Law authorities. Simon resigned from the office of Chief Medical Officer in 1876. With Simon's resignation, the importance of medicine in the state's public health was shifted onto the Medical Officers of Health (MOHs). The work of the MOH has been characterised as 'an era of 'preventive measures''.⁵²⁸ Away from the central power of Whitehall, the MOHs were responsible for the sanitation of their communities. Thus they have been instrumental into bringing public health policies and preventive measures all over England.⁵²⁹

⁵²⁵ Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick; Britain 1800-1854* (Cambridge, 1998), p.6.

⁵²⁶ Porter, *Health, Civilisation*, pp.119-20.

⁵²⁷ Sally Sheard and Liam J. Donaldson, *The Nation's Doctor; The Role of the Chief Medical Officer 1855-1998* (Oxford, 2006), pp.4-5.

⁵²⁸ Porter, *Health, Civilisation*, pp.137-38.

⁵²⁹ Ibid.

In the 1860s, in Malta the Maltese medical profession was not sufficiently unified to intervene in the discussion for or against sanitary reforms. Here, the Colonial Office always preferred to employ local physicians rather than English physicians. The motivation was purely financial. As long as physicians were well qualified in Western medicine, local British authorities accepted their applications for state medical appointments which included District Medical Officers, visiting or resident physicians to the different hospitals and Chairs of Anatomy, Surgery, Medicine and Accoucheur in the Royal University of Malta. The decision to employ local physicians considerably reduced the local expense of the medical services. Only a few physicians had private practise and refused Government's employment. Throughout the nineteenth century physicians complained that private practice was not lucrative in Malta (especially in the rural areas) and that state employment was needed to supplement their incomes. Thus, the majority of the Maltese physicians held a state position. Decidedly this would have deterred many physicians from becoming embroiled in the sanitary debate during the 1860s and 1870s, bearing in mind that the debate was very political and was primarily fought by the Comptroller of Charitable Institutions, the Crown Advocate and the Governor against the elected members. Many physicians working as District Medical Officers were employed under the direct administration of the Comptroller of Charitable Institutions. However, there were a number of physicians, English and Maltese, who voiced their opinions on the matter and also wrote reports on how to improve the sanitary condition of Malta; these were John Sutherland, Douglas Galton, Charles Casolani and the Maltese physicians Antonio Ghio and Gavino Gulia.⁵³⁰ However, due to early state intervention and centralisation in the Maltese medical reforms of 1817 and

⁵³⁰ These physicians and their reports will be discussed later on in the chapter.

subsequent reforms in 1858 and 1885, the Police Physicians were perfectly positioned to implement state policies. Since the creation of the posts of Police Physicians and then Medical Police in 1859 the state had strong control over the public health all over the country.

This chapter devotes itself to the Maltese islands as a case study of sanitary development in a colonial context. This work will concentrate on one particular case study because Maltese sanitary reform offers a unique opportunity to understand the intricate politics behind public health reforms in small island colonies. This case study is also an example of how the local management of a colony deviated from the formal orders as dictated by the Colonial Office. This study shows how the ‘coloniser’ was not a single body of administrators with one objective and a unified method of ruling. There was no one right way of implementation and certainly not all British authorities agreed on the methods employed in implementing those changes. As in other chapters, correspondence between the Governor and the Colonial Office is indispensable in helping piece together the story, the motivations and the pressure put on colonial authorities in Malta. However, the local Malta’s Council of Government records of debates also help illustrate the other side of the story. These debates shed a light on the current political mood of the elected members in the Council and their frustration with imperial projects. More importantly, the debates clearly illustrate the factions that existed amongst the official members and elected members, highlighting the role that certain people played as main protagonists in this story.

The primary sources used for this chapter were plentiful. It was partially due to the richness of the primary source material that I was able to discuss the sanitary reforms in Malta in such detail. While on the one hand British archives provided the

colonial rhetoric, on the other hand the Maltese parliamentary debates in the Council of Government and the local newspapers (some found in Colindale Newspaper collection and most of them the Malta National Library) provided the other side of the debate. This debate was as much political as it was medical, which is the reason why this chapter discusses the constitutional development of Malta under British dominion. As already explained in the Introduction to the thesis, Malta had a Council of Government with elected and official members. For most part during the nineteenth century, the official members and the Governor were in majority, which left the elected members with no powers to decide the country's future. As the nineteenth century progressed, different letters patent were issued but none were too satisfactory. This chapter will argue that part of the debate surrounding the sanitary reforms was a bid to stop the British from running roughshod over the elected members of the council. One of the official members of the Council of Government was the Comptroller of Charitable Institutions who administered all the charities, the dispensaries, the *Monti* and the outdoor relief. Under his rule were thirteen District Medical Officers (DMO one in each district) and a number of resident and visiting physicians and surgeons serving in the civil hospitals. Some of the visiting physicians were also professors of medicine, chirurgy and obstetrics in the Royal University of Malta. All the DMOs were Maltese and many trained in the Maltese University. By 1836 the medical education in the University was deemed deficient and incomplete. As part of the Royal Commission of 1836, John Austin and George Cornwall Lewis investigated the medical education and suggested that the Faculty of Medicine and Surgery appoint five professors to teach anatomy and surgery, medicine, obstetrics, chemistry and botany. Before commencing the four-year medical course, students needed to obtain a Diploma of Masters of Philosophy and Arts. These reforms

brought the medical faculty in Malta in line with medical schools in England. In 1839 the University of London Senate decreed that trainees from the Malta medical school were accepted to sit examination for the medical degree of the University of London. In 1901 medical students with a medical degree from Malta University were officially recognised and entitled to practise in England as colonial practitioners.⁵³¹ With such a high level medical course, British authorities did not need to employ British practitioners. This was always the preferred option of the British because paying a local medical officer was much cheaper than paying an English practitioner for serving in a foreign colony.

Social Capital and Local-Central Governmental Authorities

In sociology the idea of social capital has long been used by theorists like Pierre Bourdieu, James Coleman, Barry Wellman and Scot Wortley.⁵³² But it was in the late 1990s that the concept gained more traction when scholars such as Robert Putnam and Lewis Feldstein used it in their analysis of the American communities.⁵³³

Essentially social capital refers to the expected collective or economic benefits derived from privileged treatment and cooperation between groups of individuals. However, this definition is quite limited because the term ‘social capital’ has multiple definitions and interpretations, and was used in various historical or social contexts. In fact it is a useful concept with scholars because of the wide range of conclusions it

⁵³¹ Charles Savona-Ventura, *Universitas Studiorum Melitensis Medicinæ Chirurgiaeque Facultate* (Malta, 2011), pp. 6-8.

⁵³² Pierre Bourdieu, *Outline of a Theory of Practice*, (Cambridge, 1972), James Coleman, ‘Social Capital in the Creation of Human Capital’, *American Journal of Sociology* Supplement, 94(1988), pp. 95-120, Barry Wellman and Scot Wortley, ‘Different Strokes from Different Folks: Community Ties and Social Support’, *American Journal of Sociology* 95(1990), pp. 558-88.

⁵³³ Putnam, *Bowling Alone*, Robert Putnam, Lewis Feldstein and Donald Cohen, *Better Together: Restoring the American Community*, (New York, 2005).

can support. In the historiography of the history of public health and medicine, Simon Szreter and Michael Woolcock base some of their critiques of social capital on Robert Putnam's definition. Putnam explained that social capital could facilitate cooperation and create mutually supportive networks in communities, and even nations. Therefore, social capital could be a valuable means by which to combat crime, health breakdowns and other major illnesses.⁵³⁴ Putnam also speaks of two main components of the concept social capital: bonding social capital when value is assigned to the homogeneity of individuals in the group (eg: race, ethnicity, gender) and bridging social capital which refers to the social networks or groups between socially heterogeneous individuals (e.g.: employment, hobbies, shared interests). But Putnam was criticised mainly on the lack of awareness of other socio-economic conditions of society (such as income inequality) which could affect the relationships and networks between individuals in society.⁵³⁵

As discussed briefly in Chapter 3, social capital was used by Simon Szreter and Michael Woolcock to analyse relations between the national poor relief as modified in the embodiment of the New Poor Law of 1834, and the poor. They claim that the New Poor Law replaced the more paternalistic attitudes between the landed, propertied and wealthy classes of society (those who also had the privilege to vote in favour or against taxing themselves) and the poor and the unemployed. They explain how self-help societies like mutual aid societies and insurance societies helped working class people (if not the destitute) to save for times of illness or hardship. The refusal of the English society's elites to continue to sustain the poor after the

⁵³⁴ Robert Putnam, *Making Democracy Work: Civic Traditions in Modern Italy* (Princeton, 1993).

⁵³⁵ T. Skocpol, 'Unravelling from Above', *The American Prospect* 25(1996), pp. 20-25, T. Skocpol, Ganz, M & Munson, Z., 'A Nation of Organisers: The Institutional Origins of Civic Voluntarism in the United States', *American Political Science Review* 94(2000), pp. 527-46, E. Ferragina, 'Social Capital and Equality: Tocqueville's Legacy', *The Tocqueville Review* 31(2010), pp. 73-98.

first few decades of the nineteenth century created social divisions and increased class segregation. In Chapter 3 I explained how mutual aid societies and confraternities in Malta were also common means for the working classes, the craftsmen and the tradesmen to create a safety net for themselves and their families in times of hardship, illness or death.

Szreter and Woolcock also employ their definition of social capital to analyse another scenario in the English history of public health: the Public Health Act of 1848. This act was never properly put into action because central Government was forced to withdraw from direct interference (in the face of opposing and different ideologies: state intervention versus *laissez-faire*) and also because of the towns' reluctance to make such expensive improvements. A breakthrough came in the 1870s, partly due to the Second Reform Act of 1867, which doubled the proportion of working-class men who could vote. Szreter and Woolcock use the example of how a religiously infused moral movement mobilised the collective will of the ratepayers to bring environmental and sanitisation to the city of Birmingham. This was done under the leadership of one of Birmingham's leading screw-manufacturing owners, Joseph Chamberlain. Chamberlain came from an industrial magnate family and was mayor of Birmingham for three consecutive years (1873-75). He was the leader of a set of networks which crossed social class and religious divides, thus representing a balance of bonding and bridging social capital. He not only gained the trust of Birmingham's ratepayers, he also used his financial genius to negotiate low-interest loans in London in order to create a monopoly of the services in Birmingham. By the end of the nineteenth century, many other cities followed Chamberlain's plan and this was only possible because central Government

facilitated local initiatives by providing loans and inspection services, instead of attempting reforms through central Governmental action.⁵³⁶

The second example presented by Szreter and Woolcock is harder to apply to the Maltese case study than the first example (that of the Poor Law). In the Maltese context there was no central-local separation, rather a colonised-coloniser dichotomy. And within the colonised-coloniser dichotomy there were substantial differences. As I will discuss later in this chapter, the colonised Maltese were not a homogenous group opposing the colonisers. And the British rulers in Malta did not necessarily have the same visions as those in the Colonial Office or the British House of Commons. Furthermore, the main proponents keeping the British and the Maltese Governments from moving forward with the sanitary reform in Malta, were the elected members of the Council (the representatives of the Maltese, colonised citizens).

Thus, as with the English model where central Government was hindered from acting on the 1848 Public Health Act for political and financial reasons, the elected members of the Maltese Council of Government hindered the plans of the Admiralty and the Colonial Office in commencing sanitary reforms. The elected members refused to vote the necessary finances, which resulted in long protracted sittings in the Council. The local Maltese official members, on the behest of the British Government, were in majority in the Council. Following the refusal of the elected members to acquiesce to the expense, they resorted to abolishing the Cardwell Principle and forced the financial votes through by simple majority. This can by no means be compared with the local action taken by industrial magnates like Chamberlain in the English model. In Birmingham bridging social capital networks

⁵³⁶ Szreter and Woolcock, 'Health by Association?', pp. 650-67.

were created and sustained, helping the city's communities to reach out to the poor. In the Maltese context, this hardly endeared the official members (those on the side of the British Government) to the elected members (those opposing the official members in the Council of Government). Therefore, while other issues like the language question cropped up, the distrust and contempt of the elected members towards the Maltese official members and the British Government, increased. In this case there was no bridging social capital. Yet the historian Henry Frendo has explained how the sanitary reform question and the language questions helped in the creation of the first political parties in Malta. Thus, these political questions can be seen as events which propelled the bonding social capital of the local elected members and elite members of society, uniting in a political party with the same ideals and same common enemy, i.e. the British Government in Malta. In later years, towards the beginning of the twentieth century, more 'bridging' takes place as the political situation calms down and official and elected members have more common ideals on their agendas than they had in the previous decades.

Historical Background to Sanitary Reforms

For the better part of two decades, the discussion of the sanitary reform in Malta concentrated on drainage reforms or 'provisions to reform drainage'. First, the colonial and local Governments wanted to start and finish the drainage works. This was the first part of the sanitary reform. Once the drainage works were finished, they planned to put the new water supply scheme in action. Constructing a timeline for the drainage works of Malta is thus crucial to understanding why the local elected Council members opposed sanitary reforms. By analysing the drainage reform in the

local political context, this work will shed a light on the motivations of local politicians and imperial authorities.

The age of public health and sanitary reform in England commenced in the 1830s and 1840s.⁵³⁷ However, discussions about the health and sanitary conditions of the Mediterranean colonies did not start until the early 1860s when an important report published by John Sutherland and Captain Galton gave the impetus needed for the British authorities to act.⁵³⁸ Up until this time there were numerous discussions about the health of the Mediterranean stations, specifically, the harbours, ports and garrisons but never about drainage reform.⁵³⁹ In Gibraltar, reforms similar to those of Malta were being discussed. In 1865, only two years after Sutherland's and Galton's *Report on the Sanitary Condition and Improvement of the Mediterranean Stations*, the British Government undertook to resolve the drainage problems in Gibraltar. The reforms in Gibraltar were heavily subsidised by the British Government and money was immediately voted in 1865 for the preparation of such works.⁵⁴⁰ The British Government did not offer heavy subsidisation for the drainage works in

⁵³⁷ Hamlin, *Public Health*, p.1

⁵³⁸ Sutherland and Galton, *Report on the Sanitary Condition ... Stations*, John Sutherland was a physician and promoter of sanitary science, born and educated in Edinburgh. He graduated as a surgeon from the University of Edinburgh in 1831. He was initially involved in preparing the first Royal Commission report about the health of the army in English barracks and hospitals after the Crimean War. In 1861 he accepted the invitation to analyse the health and sanitary conditions of the Mediterranean barracks. As a result, in 1863 he published a detailed report on Malta, Gibraltar and the Ionian Islands. G. C. Boase, 'Sutherland, John (1808–1891),' *Oxford Dictionary of National Biography* (Oxford, 2004), extract accessible online, <http://www.oxforddnb.com/view/article/26794> (September 19, 2014), Sir Douglas Strutt Galton was an engineer born in 1822 in Worcestershire. He graduated with distinction from the Royal Military Academy in Woolwich and was commissioned second lieutenant in Royal Engineers in 1840. He became Captain in 1855 and in 1862 made assistant permanent under-secretary for war by Lord Palmerston. Throughout his career he served on numerous royal commissions and other official committees, and he was greatly interested in sanitary engineering and the sanitary conditions of military barracks and hospitals. His most important work in the development of sanitary engineering must be the design of the Herbert Hospital in Woolwich. R. H. Vetch, 'Galton, Sir Douglas Strutt (1822–1899),' *Oxford Dictionary of National Biography* (Oxford 2004), accessible online, <http://www.oxforddnb.com/view/article/10317> (September 19, 2014).

⁵³⁹ TNA London, Public Record Office, CO 158/178, Inspector General for the Hospitals to Lieutenant Col. Pocklington, 29 November 1855.

⁵⁴⁰ *Hansard's Parliamentary Debates*, vol.178, col. 246, 24 March 1864.

Malta.⁵⁴¹ The financial burden inflicted on the Maltese Government and its people was far greater than that of Gibraltar. Thus the reforms in Malta took much longer to complete and they became embroiled in local politics and elicited acrimony from local politicians.

While reforms were taking place in Gibraltar, the Imperial and Maltese Governments were more concerned with contagious diseases and quarantine. Public health at the time was focused on the quarantine laws and policing contagious diseases; most of these laws and rules were enforced by the medical police. The medical police were originally medical dispensers working in the dispensaries attached to the police stations all over the Maltese Islands. In 1859 the office of Chief Police Physician and Inspector of Dispensaries was set up and the Dispensers were put under the Police Department and called 'Medical Police'. Their duties were clinical, administrative and sanitary. They were also expected to perform vaccination and to help with autopsies and burials.⁵⁴² This shows that the creation of medical police in Malta did not stem from the continental tradition of medical policing. It was introduced by the British in the early nineteenth century.⁵⁴³

After 1850 more changes were introduced to the public health in Malta. There was an urgent need to deal with the overcrowding of houses and the insanitary condition of the urban areas. In subsequent decades, various reports on the

⁵⁴¹ Although this difference in treatment between Gibraltar and Malta is never explained in the primary documents, it is good to note that Gibraltar was inhabited from a majority of English citizens, contrary to the situation in Malta where most of the garrisons and their families lived in the Harbour areas.

⁵⁴² Cassar, *Medical History*, pp. 348-50. Apart from the medical police there were also the 'Police Physicians' who formed part of the local police force. In the beginning of the nineteenth century the Physicians of the Poor were incorporated with the regular police and they became known as 'police physicians'. They were expected to do other duties apart from their main work as physicians. They were expected to have an extensive knowledge of public health, forensics and veterinary medicine as well.

⁵⁴³ For more information about the medical police in England see Patrick Carroll, *Science, Culture, and Modern State Formation* (California and London, 2006), Ronald Drake Cassell, *Medical Charities, Medical Politics: the Irish Dispensary System and the Poor Law, 1836-72* (Suffolk and New York, 1997), Patrick E. Carroll, 'Medical Police and the History of Public Health', *Medical History* 46(2002), pp. 461-94.

insanitary condition of Malta show that the need for sanitary reform was by now obvious for both the Maltese and the imperial authorities.⁵⁴⁴ Some sanitary improvements started in Malta in 1865. It was decided that twenty sewer ventilators were to be built at the height of 8 or 10 feet above the roofs of the houses.⁵⁴⁵ This may be seen as the first real initiative towards the drainage and sewage reforms in Malta. In 1867 Drs Sutherland and Galton published another report on Malta's and Gozo's sanitary condition prompted by the 1865 cholera bout in the islands.⁵⁴⁶ It was estimated by Sutherland and Galton that from a population of 134,000 about 3,106 people (twenty-three people in a thousand) became ill with cholera and about half of these died. As can be seen in Table XII below, from a total population of 53,316, 623 people died (eleven deaths per thousand). Following this report, in December 1867, Governor Patrick Grant confirmed to the Colonial Office that the renowned civil engineer John Lawson was in Malta to report on the best and most economical means of carrying out the proposed improvements of the existing drainage system.⁵⁴⁷ This indicates that there had been previous correspondence

⁵⁴⁴ Patrick G. Staines, 'Governing Malta in the First Half of the Nineteenth Century', *Melita Historica; Journal of the Malta Historical Society*, 1(2008), p.92-93.

⁵⁴⁵ Maltese Council of Government Debate, 1879, sitting no.87, col. 21.

⁵⁴⁶ Sutherland, *Report on the Sanitary Condition of Malta and Gozo*.

⁵⁴⁷ TNA London, Public Record Office, CO 158/212, correspondence between the Governor and the Secretary for the Colonies, 6 December 1867, John Lawson was a civil engineer (1824-1859) primarily interested in sanitary engineering. He reported on and was employed to construct works for the supply of water to major towns like Cockermouth, Bedford, Reading and Birmingham. In 1867 Lawson was employed by the Colonial Office to report on the Malta's sanitary reform but this seems to have been an isolated case. His work was mainly focused on reforms for major cities in England. For more information on John Lawson; 'Obituary John Lawson 1824-1873', *Minutes of the Proceedings of the Institution of Civil Engineers*, 38(1874), pp. 315-17.

Showing the Death Rate in the Urban areas during the 1865 Cholera Epidemic				
Towns	Population (1861)	Cases	Deaths	Deaths per 1,000
Valletta	23,993	454	282	11
Floriana	5,791	76	48	8
Senglea	6,887	99	64	9
Cospicua	10,933	175	122	11
Vittoriosa	5,712	175	107	18
Total	53,316	979	623	11.7

Table XII; Showing the deaths per 1,000 in the major towns of Malta (namely Valletta, Floriana and the Three Cities.⁵⁴⁸ Source; Sutherland, *Report on the Sanitary Condition...Cholera Malta*, p. 8.

between colonial authorities in England and Malta discussing the merits of a reform in the drainage scheme of Valletta, Floriana and the Three Cities. Therefore, it is clear that the move towards a sanitary reform had commenced at least a decade before the discussion on sanitation started in the Council of Government in Malta. This point became one of the accusations that the elected members in the Council levied at the Government. The Maltese Government was later accused by the elected members of planning a sanitary and drainage reform without consulting the Council. In fact British authorities and the Government only did so when the first financial vote was needed to start the works.

⁵⁴⁸ The Three Cities are also known collectively as Cottonera. Each city has an individual name, given here first in English or Italian and then in Maltese: Vittoriosa (Birgu), Senglea (Isla) and Cospicua (Bormla).

'The Drainage Question' and fear of Political Repercussions

In the 1870s, a great deal of correspondence and confidential despatches were exchanged between the Governor, the Maltese Government and the Colonial Office. One of the very first decisions the Imperial Government had to make was to choose between the dry-earth closet system, the cesspit system and the water flushed drainage system. They sent a great number of reports to various experts enquiring about these systems while trying to decide the best course of action for Malta's drainage reform.⁵⁴⁹ This section, will trace the progress of this reform until the whole scheme was submitted to the Council in 1877.

The correspondence between the Governor and the Colonial Office throws a light on the endeavours of the colonial and local authorities to find the best sewage system which could deal effectively with the 'washings from street surplus and fluids from manufacturers'.⁵⁵⁰ In 1869, the civil engineer John Lawson finished his drainage report and sent it to the Imperial and Maltese Governments. But it transpired that this report proposed a project which was too expensive for the Maltese case.⁵⁵¹ This showed that the local British authorities in Malta were aware of the cost restraints for this project and understood the burden that such a project was going to place on the local economy and taxes. Variations to this scheme were sought. The Comptroller of Charitable Institutions himself experimented with the

⁵⁴⁹ I will discuss the different reports and different correspondence later on in this chapter.

⁵⁵⁰ TNA London, Public Record Office, CO 158/216, correspondence between the Governor and Secretary for the Colonies and Charles Adderley, 2 July 1868.

⁵⁵¹ TNA London, Public Record Office, CO 158/218, correspondence between the Governor and Earl Granville, 29 March 1869.

dry-earth system in one of the Gozitan institutions.⁵⁵² The results of this experiment were commented on by the Governor in August 1873 in a report sent to the Colonial Office. The system proved beneficial to the charitable institutions and the surrounding grounds but it was deemed a difficult system to implement in the heavily populated localities of Valletta and Floriana.⁵⁵³ These reports give the impression that local authorities, both Maltese and English, were in search of the best drainage system as well as the most cost-effective.

Apart from Lawson's report for the remodelling of the drainage in Malta, little else was done by the local authorities until 1869. In March 1869, a long letter was sent by the Governor to Earl Granville (Secretary for the Colonies) explaining why Lawson's scheme had been halted. He claimed that the local coffers were short of money and that the main problem was the finances of Malta. Governor Grant stated;

I regret that I am compelled to acquaint Your Lordship in reply that no progress whatever has been made in carrying out the works in question;- first, because of the cost which it will entail and which is out of all proportion with the means of Malta to defray, – secondly, though this work is admitted by all to be one of the utmost importance in a sanitary point of view, the execution of other works not really perhaps, but more apparently pressing works rendered necessary by the imminent transfer of the French Creek to the Admiralty and the acceptance of the new Extension by the Merchant Shipping are locally preferred.⁵⁵⁴

⁵⁵² The sister island of Malta (Gozo) had similar institutions with an administrative system like that of Malta.

⁵⁵³ TNA London, Public Record Office, CO 158/231, correspondence between the Governor and Colonial Office, 13 August 1873.

⁵⁵⁴ TNA London, CO 158/218.

By the ‘new extension...[of] the Merchant Shipping’, Grant was alluding to the massive project which was undertaken by the Maltese Government to restructure the Dockyard Creek and the French Creek in the Grand Harbour few years previously. This was prompted by the needs of the larger steam vessels of H.M.’s Navy entering the Harbour and the increase in the Mediterranean Fleet at the time. This project, like the sanitary reforms, stemmed from the needs of the Admiralty in the Mediterranean and in the fortress colony of Malta. Due to the new steam ships in British Mediterranean fleet, the Admiralty was running out of space in the Grand Harbour. They needed more shore space where they could safely anchor in the Grand Harbour, sheltered from the elements and possible invasions. This project had heavy financial repercussions on the islands’ revenues and the majority of the local politicians believed that the sum of money agreed between the Maltese and the Imperial Governments for the purchase of the property in the French Creek was much lower than true value of the buildings.⁵⁵⁵ The Harbour project created a precedent for local Maltese elected members and they were wary of any project proposed to them by the Government.

In his correspondence to the Earl of Granville, Grant explained that in order for the public to benefit from these works, the project had to be finished in three years. Lawson’s estimates were that for the first year the Maltese Government would vote the sum of £25,000 and a further £30,000 per annum in the next two years. He also stated that £10,000 could be appropriated from the local national surplus revenue of £20,000 each year, leaving the islands to borrow £15,000 in the

⁵⁵⁵ The French Creek project involved the infrastructure of docks in areas where the merchants had their own properties. The properties had to be purchased by the Imperial Government and the merchants agreed to move to Marsa (the inner creek). The elected members believed that the Maltese Government was the true culprit behind the low compensation that the merchants were given for their buildings and lands.

first year, £20,450 in the second year and £21,063 in the third and final year. Therefore, by the end of the three years the estimated debt would be £56,513. In his letter Grant explained how the islands' revenues did not allow £10,000 to be spent every year on this project – simply because there was no £10,000 surplus revenue. The islands' revenues fell to £10,000 in 1868 (instead of £20,000 which was the average amount of revenue for the previous years) and £8,000 in 1869. Therefore, Grant concluded that owing to this temporary depression of funds the islands could not shoulder the expense or the debts and that the Government would have to wait until local revenues were in a better state.⁵⁵⁶ John Lawson's estimate amounted to £85,000 exclusive of the works for bringing a good water supply with enough water pressure and the internal house fittings such as water closets. The estimate for a good supply of water was then given at £37,300 and the house fittings were to amount to around £200,000 and shouldered by the house owners; private households, taverns and other commercial buildings.⁵⁵⁷ Therefore, this scheme was to cost the islanders (directly or through taxes) the staggering sum of £322,300. These discussions between Grant and Granville show that money matters were also of concern to the local Governor. Contrary to the elected members' claims in the Council of Government few years later, financial considerations were taken into account and attempts were made to reduce the financial impact on the islands.

.The followings estimates show the financial burden shouldered by towns in England when they undertook water supply works. In 1861 the population of the urban areas of Malta (Valletta and the Three Cities) was 53,316 with a total area of 0.9 square miles. The Welsh town Merthyr Tydfil in 1868 had a population of 40,000

⁵⁵⁶ TNA London, CO 158/218.

⁵⁵⁷ TNA London, Public Record Office, CO 158/239, correspondence between John Fowler and Sir Victor Houlton, 3 February 1874.

and it spanned 43 square miles. In 1869 the sewerage system in Merthyr Tydfil cost £27,000 and the water supply £83,000. In Wakefield, with an area of 7.9 square miles and a population of 24,000 in 1866, the municipal council bought the water company for £210,000. Similarly in Cheltenham, with a population of 44,519 in 1874, the local town authorities bought a water company for £220,000 and in 1879 voted another £170,000 to supply the water to the region.⁵⁵⁸ It is difficult to make a direct comparison between the Maltese case and that of regions or towns in England. While, for example, some of the material had to be imported in Malta, the same could be manufactured in England and transported cheaply. In Malta, water supply was in the state's hands and there was no need to purchase the water company supplying the region, making the reforms slightly cheaper.

One way of reducing this financial impact in the Maltese scenario was to get the War Department and H.M.'s Navy on board with this project. Granville felt that the War Department and the garrisons in Malta were the primary beneficiaries of this drainage scheme. The garrisons were situated around the Grand Harbour area; in Valletta and the Three Cities. Therefore negotiations between the Colonial and War Offices started at quite an early date.⁵⁵⁹ In December 1871 another report was forwarded to the Imperial Government by the civil engineer Charles Andrews.⁵⁶⁰ In his report Andrews proposed a different exit point of pumping sewage into the sea. Instead of discharging the sewage at Żurricco point (a bay lying in the south-east of Malta) he proposed that deep pipes be constructed to catch all the sewer points and discharge the sewage of Valletta and the Three Cities outside the Grand Harbour.

⁵⁵⁸ Christopher Hamlin, 'Muddling in Bumbledom; on the Enormity of Large Sanitary Improvements in Four British Towns, 1855-1885', *Victorian Studies* 32(1988), pp. 55-83.

⁵⁵⁹ TNA London, CO 158/218.

⁵⁶⁰ Charles Andrews was a civil engineer (1829-1893) who was employed by the Admiralty as a Resident Engineer in connection with the Maltese sanitary reform project. 'Obituary Charles Andrews 1829-1893', *Minutes of the Proceedings of the Institution of Civil Engineers*, 113(1893), pp. 327-28.

This was to reduce Lawson's estimate by £25,000. In April 1872, Andrews sent another report, in which he claimed that the naval interests in the harbour with respect to the drainage scheme had to be bigger than those of the military. He vividly explained that 'it is bad enough for a crew to remain on a hot day in a motionless sea, with the floating sewage of their own ships clinging to them, but this state of things is aggravated by that sea being the cesspool of the adjoining towns.'⁵⁶¹

Later on, in September 1872, the new Governor, Charles van Straubenzee reported back to the Earl of Kimberley (the Secretary for the Colonies) that owing to the lack of communication from the Admiralty and the War Office on the subject of financial help, he was loathe to approach the Council with this project.⁵⁶² The lack of funds continued to be the major hurdle keeping the Government from approaching the Council with this project, fearing that the elected members would dismiss it immediately on grounds of insufficient funds. Van Straubenzee needed urgent confirmation of imperial financial aid;

The Council have now been several weeks in session, and as Your Lordship is aware, their sittings cannot long be protracted, it would be very desirable therefore that I should be informed of the decision of Her Majesty's Government [about the money which the Admiralty and the War Office were disposed to give for the drainage works] on this very important local question with as little delay as possible, although I feel bound to state that, with the

⁵⁶¹ TNA London, Public Record Office, CO 158/230, correspondence between Charles Andrews and A. Cooper Key, Office of Works Department, 8 April 1872.

⁵⁶² TNA London, Public Record Office, CO 158.232, correspondence between Charles van Straubenzee Governor and Earl of Kimberley, 17 September, 1872.

present view of the Council, I have little hope of at present carrying this question.⁵⁶³

The first two schemes as devised by Lawson and Andrews were still too costly and the Colonial Office endeavoured to further curb expenses. In October 1872, Lord Kimberley invited Lawson and Andrews to create a joint report, combining both their schemes. This new scheme was deemed by the Colonial Office as even better than the first two, although it still did not adequately deal with the supply of water and the internal house fittings.⁵⁶⁴ Pending the answer from the Admiralty and the War Office, various other engineering schemes were sent in for consideration.

More schemes were submitted to the Government. But there was no consensus on the best drainage scheme for Malta. In April 1873 the engineer Sir John Fowler, was en-route to England from Egypt when he stopped in Malta and in exchange for the Government's hospitality, offered his professional services free of charge to the Imperial and Maltese Governments on the issue of the drainage.⁵⁶⁵ His report was sent to the Chief Secretary of Malta in February 1874. He considered three schemes; namely the Lawson-Andrews' scheme, Inglott's dry-earth system and Admiral Inglefield's proposal for carrying pipes into deep water in the Harbour and discharging the sewage deep into the harbour instead of using the surface pipes. Fowler objected to Inglefield's scheme because, although all the solid material was

⁵⁶³ TNA London, Public Record Office, CO 158/234, correspondence between Charles van Straubenzee Governor and Earl of Kimberley, 30 January 1873.

⁵⁶⁴ TNA London, CO 158/239.

⁵⁶⁵ TNA London, CO 158/234, Sir John Fowler (1817-1898) was according to one of his obituaries, one of the most eminent engineers in the Victorian era. He contributed greatly to the construction of railways all over Britain and Ireland. A sojourn in Egypt in 1868 brought him in contact with the Khedive of Egypt. It was in Egypt that he embarked on planning irrigation plans on a massive scale and to survey a railway to Khartoum. He continued with this work when the British Government took Egypt in 1882. For his services he was made a Knight Commander of St. Michael and St. George in 1885, 'Obituary Sir John Fowler, BART, KCMG, LL.D. 1817-1898', *Minutes of the Proceedings of the Institution of Civil Engineers*, 135(1899), pp. 328-37.

deposited on the seabed it still allowed for the lighter fluids to float back to the surface, thus creating strong noxious smells and other health hazards. Inglott's general principle behind the scheme was approved by John Fowler but he objected to this system because 'the habits of the people of Malta are unprepared for so great and sudden a change', advising the Government that the Lawson-Andrews report was their best choice. Fowler also gave the Maltese administration another interesting piece of information while in Malta. He had information that both the Admiralty and the War Department were willing to shoulder the expense of this drainage scheme.⁵⁶⁶

Following this report, permission was granted to van Straubenzee to present the Council with John Fowler's report but van Straubenzee still hesitated. However, in June 1875 the Government presented the estimate for this project to the Council. The elected members immediately postponed this project and continued doing so for several sittings claiming that the Government had to solve the question of the formation of a Sanitary Office first.⁵⁶⁷ Thus the sanitary reform scheme proposed by the Government was immediately exploited by the elected members. The elected members had been fighting in the Council for the establishment of a Sanitary Office since 1873 and held the Government's new sanitary reform hostage to their plans for a new Sanitary Office. They proposed a resolution 'for the creation of a 'Sanitary and Statistical Office' before launching into any heavy expense for Sanitary objects'.⁵⁶⁸ The Government opposed this resolution over three sittings. Adrian Dingli, the Crown Advocate, claimed that the Police Physicians could deal with sanitation and that they received frequent instructions on the performance of sanitary

⁵⁶⁶ TNA, London, CO 158/239.

⁵⁶⁷ TNA London, Public Record Office, Improvement of Drains in Government Houses, 24 June 1875, See Map 4.1 for the proposed plan of the main and intercepting sewage of the drainage reform.

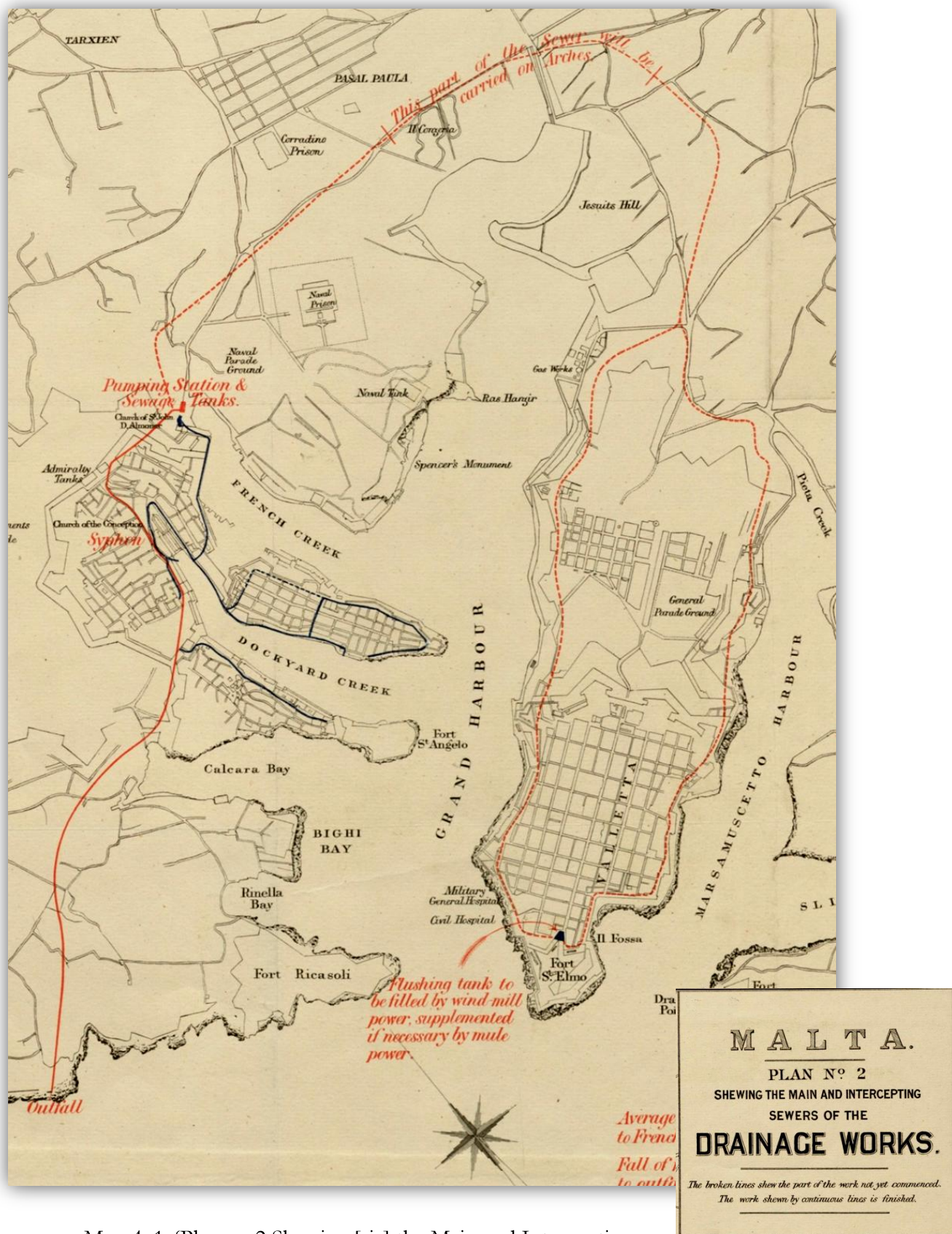
⁵⁶⁸ Cassar, *Medical History*, pp. 280-82.

duties.⁵⁶⁹ He claimed that Police Physicians performed sanitary duties and that if the elected members criticised sanitation in Malta, they were directly discrediting the Police Physicians. Following this discussion in the Council, the Crown Advocate came up with his own scheme under his own immediate control instead of under the control of a British professional Health Officer as the elected members had suggested. Dr Charles Casolani's views on this were quite clear in his report *The Sanitary Question* when he criticised Dingli;

The assumption of Hygienist on the part of the Crown Advocate, and the undue notice paid to his whimsical schemes have proved extremely barren of results satisfactory to the people...Having thus virtually placed the public health at the mercy of a Lawyer, with an array of blunders hitherto committed and brought face to face with so many sanitary requirements and the universally admitted principles that vast numbers of the population yearly increasing are cut down by causes easily checked by adopting hygienic measures.⁵⁷⁰

⁵⁶⁹ The Crown Advocate was the Chief Justice Adrian Dingli who played an important role in the implementation of the sanitary reforms in Malta. He was extremely pro-British and will be discussed later in this chapter as one of the British Government's collaborators. Adrian Dingli was the father of the younger Adrian Dingli, another lawyer who made a career in London. He acted as a co-between in secret peace time negotiations between Chamberlain and Mussolini. He continued to believe in an Italy which ceased to exist at the time of Mussolini's dictatorship. He was recruited by Sir Joseph Ball of the MI5 under orders from Chamberlain to start secret negotiations with Mussolini's Italy to undermine Hitler, without the knowledge of the British Foreign Office. Mussolini had no intention of making peace treaties with the British and used this correspondence to highly emphasise the differences between Chamberlain and British Foreign Secretary Eden. Eventually when Mussolini's intentions became clear, Ball desperately tried to remove any traces of these secret negotiations and accused Dingli of fraud. Dingli committed suicide on VE day. Like his father he tried to balance his allegiance to the British Government with his sympathies for the Italian state and culture. For more details see William C. Mills, 'Sir Joseph Ball, Adrian Dingli, and Neville Chamberlain's 'Secret Channel' to Italy, 1937-1940', *The International History Review*, 24(2002), pp.278-317

⁵⁷⁰ Casolani, *The Sanitary Question*, pp.15, 16.



Map 4. 1 'Plan no.2 Shewing [sic] the Main and Intercepting Sewers of the Drainage Works', TNA London, CO700/MaltaandIonianIslands9, Henry Wray, Colonel Commanding Royal Engineers, 15 July, 1878.

The motion on the Sanitary Office was passed by the official majority of the Council against the wishes of the elected members.⁵⁷¹ Thus the Sanitary Office was created by the direct state intervention with direct rule and with the total exclusion of the medical profession or sanitary authorities. The fight over the Sanitary Office was another nail in the coffin for the elected members. Similar to the harbour extension project, this reform was passed through the Council by the official majority and against the wishes of the elected members.

Political Turmoil and new Taxation

In order to make sense of the discussions in the Council of Government during this period it is important to understand local politics and the repercussions they had on the sanitary reform and the drainage scheme. In 1864, the aim of the ‘Cardwell Principle’ was to stop Governors from running roughshod over the wishes of the elected members in the Council of Government. The ‘Principle’ was the first liberal gesture from the Colonial Office before the self-Government in 1921. When the ‘Cardwell Principle’ was granted, Governor Sir Henry Storks followed the spirit of this policy but his successors Sir Patrick Grant and Sir Charles van Straubenzee did not feel bound to respect the ‘Cardwell Principle’. The drainage question, when finally presented in the Council (after the delays caused by the setting up of the Sanitary Office), was opposed by the elected members on financial grounds. After numerous debates, the official majority forced the drainage scheme through the Council and the money was voted towards the commencement of the scheme. It showed that the local Governors and the Government cared little about the ‘Cardwell Principle’ and that this Principle was no longer valid. As historian Robert

⁵⁷¹ Cassar, *Medical History*, p. 278.

Holland argues, this saw the end of the liberal period in the governance of Malta and the beginning of ‘a more self-conscious... Imperial supervision’.⁵⁷²

Politically, the drainage question was the catalyst that brought to a head the major differences between the elected and the official members. The first vote for £3,000 to continue the drainage works in the Three Cities was pushed through on 21 December 1877 with a majority of one person from the Government’s side. This was done with the sanction of the Colonial Secretary Lord Carnarvon on 27 November 1877 when he approved ‘of the official majority being used (if unavoidable) for the purpose of carrying ... [the drainage reform] out’.⁵⁷³ Another £7,000 and £22,000 were then passed by the votes of the official members on 10 March 1879 against the unanimous opposition of the elected members.⁵⁷⁴ The elected members’ reasons for not supporting the sanitary works were threefold. The first was the highhanded way that the imperial and local Governments organised the drainage reform without involving the representatives of the electorate. The second grievance was the financial burden on the local revenues and the accruing debts which the local Government had to shoulder for this project (the sum of £42,857). And thirdly was the problem of the water supply which was to flush the drainage system of the Three Cities, Valletta and Floriana. They argued that without the water supply scheme the drainage system could not operate efficiently. The water supply scheme had yet to be drawn up and extra money voted for it, adding to the financial burden already put on the population.

⁵⁷² Holland, *Blue-Water Empire*, p.102

⁵⁷³ TNA London, Public Record Office, CO 158/247, correspondence between Governor van Straubenzee and Earl Carnarvon, 27 November 1877.

⁵⁷⁴ Sigismondo Savona, *The Petition of the Maltese to the House of Commons – A letter Addressed to H.M. Principal Secretary of State for the Colonies* (Malta, 1880), pp.18-19.

TNA London, Public Record Office, CO 158/252, The Drainage Reform Scheme, 13 March 1879.

The drainage question led to several political meetings of the elected members which ultimately resulted in the first political public meeting ever to be organised in Malta. The elected members, amongst them Cachia Zammit and Sigismondo Savona, addressed the public in Floriana in August 1879 on the ‘smaller granaries’ in protest against the imposition of taxes to finance public works and the ‘language question’.⁵⁷⁵ In the meantime, in 1876 the Maltese Government came up with a new scheme of taxation intended to finance the water supply scheme. In October 1876, the Crown Advocate Adrian Dingli presented Governor van Straubenzee with a memorandum discussing the new water supply scheme and the tax reforms needed to be able to pay the former. This report stated that the Government required £80,000 for the water supply of Malta and a further £12,700 for water works and the construction of a breakwater extension in Gozo. The Governor also suggested in his letter that the Admiralty and the War Office should contribute £25,000 towards these works considering the large consumption of water by the garrison and the naval forces. The taxation system proposed by Dingli was simply to levy a tax on the land producing home grown wheat and therefore pushing the price of the local wheat up to a par with the imported wheat. This was essentially a bread-tax, which on principle, the colonial authorities in London did not accept.⁵⁷⁶ Dingli’s abhorrent bread-tax was also opposed by the Catholic Church in Malta as most of the land on which wheat was produced was owned by the Church.⁵⁷⁷ By this time the political situation in Malta was heating up and the local elected members in the Council were agitated. The economic-political situation became of great concern

⁵⁷⁵ Frendo, *Party Politics*, pp.7-8.

⁵⁷⁶ TNA London, Public Record Office, CO 158/244, Water Supply in Malta and Gozo, October 1876.

⁵⁷⁷ Arturo Mercieca, ‘Sir Adriano Dingli (Part II) Sommo Statista, Legislatore, Magistrate (Continuazione)’, *Melita Historica; Journal of the Malta Historical Society*, 1 (1955), pp.231-32.

to the Colonial Office and in 1878 Francis Rowsell was sent as a Royal Commissioner to investigate the taxation system and suggest reforms.⁵⁷⁸

Francis Rowsell's report was laid in front of the Council on 15 May 1878. His conclusions were that the local population was already heavily burdened by the duty of 10s per quarter on wheat which was imposed in 1837. Therefore, he increased the direct revenue tax on the upper and middle classes from 10s 10d to 13s 9d per head and decreased the taxes to 8s 11½d per head on the working and lower classes. For the visitors and British officers and their families he proposed an increase from 34s 8½d to 51s 1½d per head. He recommended many other reforms which together would have yielded a total revenue of £47,550.

The levying of more tax did not go down well with the elected members. Rowsell's reforms would have shifted the burden from the working classes and distributed it equally among all social classes. On 13 and the 14 of May placards were posted in the streets calling for the people to meet in the square in front of the Governor's Palace on 15 May. Even though Rowsell's reforms would have been beneficial for the working classes, the crowd (no doubt instigated by the elected members) believed that more tax was being imposed on the Maltese. While the Council met for the usual meeting, the crowd outside was so loud that the Council had to adjourn and after conferring with a small deputation taken from the crowd, the Governor appeared on the balcony of the Palace with two of the elected members and promised that the people's wishes (that no taxation was to be imposed on the Maltese) would be conveyed to England.⁵⁷⁹ As a result the wheat tax of

⁵⁷⁸ Frendo, *Party Politics*, p. 8, Francis W. Rowsell was an Admiralty Inspector and Superintendent of Contracts for the Metropolis workhouses.

⁵⁷⁹ TNA London, Public Record Office, CO 158/249, The Late Demonstration in Opposition to Proposed Sanitary and Fiscal Reforms The Times, 28 May 1878.

1837(weighing heavily on the working classes) remained and the new suggestions of Rowsell were not implemented at the time.⁵⁸⁰

The political situation in the Council of Government did not improve in the next two decades. In 1887 the British Government decided to issue new letters patent for Malta, designed to create a new representative system in Malta, in tandem with the wishes of the Maltese. In these letters patent the elected members were given limited autonomy to decide on the question of finance and other local matters but the colonial authorities reserved the power to intervene. This was not enough for the elected members. They wanted absolute authority to decide about all local matters. This was not what the colonial Government intended by the new letters patent.⁵⁸¹ From the start this constitution did not work; by the 1890s the elected members got into a cycle of resigning whenever they felt they were being held in contempt by the official or the Government side. The Council would then declare new elections and after a considerable delay new elected members would sit in the Council. This meant that for long periods Malta was governed by the prerogative of the Governor himself.⁵⁸² In a confidential despatch in 1878 Governor Arthur Borton asked the Secretary for the Colonies if ‘it would be acting in opposition to your wishes were I... to dissolve the present Council.’ He continued to explain that he had ‘reason to believe that a measure of this kind [dissolving the present Council] might be found expedient under the above circumstances [voting for the completion of the drainage works], and that it would tend to uphold the dignity and due prestige

⁵⁸⁰ Mercieca, ‘Sir Adriano Dingli’, p. 235.

⁵⁸¹ Cremona, *The Maltese Constitution*, p. 15.

⁵⁸² Holland, *Blue-Water Empire*, p.122.

of this Government.’ The Secretary for the Colonies advised caution to the Governor but left this local issue entirely in his hands.⁵⁸³

In the meantime there were other issues of paramount importance for the elected members. The main problem during this period was the ‘language question’. The traditional professions and most of the upper and middle classes in Malta preferred the Italian language used in all the official correspondence including law courts. This period also saw a change in imperial policies from a liberal one to a more hands-on approach. The British in Malta insisted on enforcing the use of the English language, especially in the educational system and in the public sector. This created tensions between the official and the elected members. In the meantime, the debate on sanitary reform slipped into the background as the language question became the main bone of contention between the elected members, the imperial and local Governments.

Sanitary Reform and Medicalisation

In his important study of public health during the age of Chadwick, Christopher Hamlin made an important statement with regard to the medical profession. He claimed that the medical profession was in no condition to lead the sanitary reforms in England. Unity within the medical profession’s ranks came in England at around 1858. Moreover when it came to the debate of what caused disease and how it was to be prevented the medical profession could not agree.⁵⁸⁴ In England, it was the sanitarians and engineers, and not the physicians that moved the sanitary reform forward.

⁵⁸³ TNA London, Public Record Office, CO 158/250, The Drainage Question – Opposition Thereto by Elected members, 18 November 1878.

⁵⁸⁴ Hamlin, *Public Health*, pp. 6, 13.

In Malta, while the controversy of the sanitary question raged on, there was little or no interest or discussion on the drainage question on the part of the local medical profession. The discussion was mainly led in the Council of Government and in the local media. In the only local medical journal at the time, *Il Barth* a number of individuals (one of them writing under the nom de plume of ‘smelfungus’) gave their opinion on this question but they were merely readers with an interest in the reform.⁵⁸⁵ As Hamlin suggests, the type of medicine that re-entered public health in the 1860s in England was disease-centred; focused more on cases than on the people suffering from those diseases.⁵⁸⁶ The type of public health monitoring suggested at the time by Charles Casolani in his *The Sanitary Question in Malta* was modelled on this form of public health. Casolani quoted Dr Sutherland and also Dr Richardson, author of *Hyggja* in 1877, as saying that;

the first sanitary work of the future standing before all other legislations... is the systematic enumeration, week by week, of the diseases of the kingdom, through the length and breadth of the kingdom. For the omission of a registration of disease there is no conceivable excuse. The thing has only to be done.⁵⁸⁷

The elected members at the time urged the Government to start the periodical publication of death returns. The Crown Advocate opposed this idea but after the session in the Council acceded and agreed to a fortnightly publication. These statistics were brought to the attention of the Government again after the weekly Maltese paper *Public Opinion* became alarmed at the high death rate.

⁵⁸⁵ Anonymous, ‘Igiene Pubblica’, *Il Barth; Gazzetta di Medicina e Scienze Naturali*, 6(1872), p. 127. ‘Smelfungus’, ‘On the Sanitary State of the Three Cities’, *Il Barth; Gazzetta di Medicina e Scienze Naturali*, 5(1872), pp. 105-07, ‘Smelfungus’, ‘Considerazioni Igieniche sulla Gognature’, *Il Barth; Gazzetta di Medicina e Scienze Naturali*, 14(1873), pp.275-78.

⁵⁸⁶ Hamlin, *Public Health*, p. 24.

⁵⁸⁷ Charles Casolani, *The Sanitary Question in Malta* (Valletta, 1880), p.12.

Charles Casolani's report along with reports by Dr Ghio and Dr Gulia were the only local medical contribution to the problem of sanitation and sanitary reform. Ghio's and Gulia's report was full of statistical information and analysis.⁵⁸⁸ These reports, together with other medical statistics, were drawn on by the members in the Council while debating the drainage question. The Crown Advocate claimed that such high mortality statistics, as reported by Drs Gulia and Ghio, were enough for him to decide in favour of the scheme for sanitary reform. The elected members argued that the drainage system as it was, had existed in Malta for a very long time, and blamed other factors as the culprits for the great increase of mortality. They also argued that there was no consensus of medical opinion on the adverse effects of poor drainage and no one knew for sure whether the high mortality rates were caused by faulty drainage. Pending answers to these important questions, the elected members agreed against voting any substantial money before they were confirmed by scientific opinion.⁵⁸⁹

Hamlin's analysis of the role of the medical sector in the public health of England holds true for the Maltese model. The medical profession, highly divided and dissentious, never united and never took ownership of these sanitary reforms in England in the first half of the nineteenth century. They left it entirely in the hands of the politicians and a few English and Maltese sanitarians. The few Maltese physicians like Dr Ghio who drew up a report on mortality in Malta, did so at the behest of the Government or local authorities. However, these reports and others published in Britain were scrutinised in the Council. At least two sessions of the Council of Government were dedicated to the medical and scientific understanding

⁵⁸⁸ Antonio Ghio and Gavino Gulia, *Preliminary Reports on the Mortality and Sanitary Condition of Valletta and the Three Cities* (Valletta, 1875).

⁵⁸⁹ Maltese Council of Government Debates, 1876, sitting 46, col.176-78.

of the transmission of disease and the correlation between the mortality rates and modifications in the sewage system. In December 1877, both sides of the Council used medical statistics and data to prove that there was a correlation between bad sewage and mortality rates. Both sides used the different reports which Dr Sutherland and Dr Ghio separately composed on the behest of the Government. The members of the Council used these reports and the statistics compiled by these physicians to prove how relatively high or low the mortality rate was in Malta compared with various English towns or cities. On 15 December 1877, A. Naudi (one of the elected members of the Council) argued that, according to Ghio's report, the mortality rate was 22.3 for every 1000 persons, which was similar to other big cities and countries abroad.⁵⁹⁰ In the same session the Chief Secretary argued against Naudi's remarks claiming that Ghio's report established the death-rate at 27.9 per 1000 which was higher than London (21), Liverpool (24), Birmingham (23) and Brighton (16).⁵⁹¹ However, this was later on explained and contradicted by Sigismondo Savona who elaborated on Naudi's figure of 22.3 per 1000. Savona drew parallels between the Maltese drainage reforms and those implemented in Coventry. He claimed that according to Dr Fenton (a physician who had studied mortality rates in Coventry), despite the beneficial aspects of the drainage scheme in Coventry, smallpox and the scarlet fever had hit the city from 1871 until 1874, pushing mortality rates to 24 per 1000 people, whereas the mortality rate for the previous ten years had been just 21 per 1000 persons. Savona's argument was that the same happened in Malta. Due to the recent epidemics of measles, whooping cough (1865), cholera (1867), smallpox and diphtheria (1871), Ghio's report recorded a higher mortality rate than usual. This, he claimed, was the reason for a staggering 29.35 per

⁵⁹⁰ Maltese Council of Government Debates, 1877, sitting 45, cols.141-42.

⁵⁹¹ Ibid., cols. 145-46

1000 mortality rate from 1865 until 1874.⁵⁹² These sessions demonstrated how both sides of the Council were frequently making use of medical statistics and reports to show the necessity (or not) of these sanitary reforms. The medical discussions in the Council continued even though by this time in England, John Snow had already made the correlation between polluted water and the water-borne nature of cholera.⁵⁹³

It is interesting to note, however, that the local medical profession were never actively involved in these discussions in the Council of Government. As Hamlin argues, the medical profession in the nineteenth century did not feel that medical policy was their role to fulfil. The practise of medicine was a private profession. Medical men advised the Government, they did not rule or devise policies.⁵⁹⁴ This is indeed what the medical profession in Malta did; they advised the local Government and reported back on particular epidemics like the cholera bouts or local fevers. Some of them were asked to report to the Government while others, like Charles Casolani, used the press to voice his opinion on the sanitary reform and other issues like the 'language question'.

Local Collaborators Caught in a 'Political Triangle'

Complex political manoeuvres in Malta were led by key local politicians. These people were of consequence in Malta and held in great esteem by the general population; they were the local elites. They were also agents conveying the official or imperial orders to be implemented in Government. Historian Ronald Robinson in

⁵⁹² Maltese Council of Government Debates, 21 December 1877, sitting no.46, cols. 184-85.

⁵⁹³ Anne Hardy, 'Water and the Search for Public Health in London in the Eighteenth and Nineteenth Centuries', *Medical History*, 28 (1984), p.268

⁵⁹⁴ Hamlin, *Public Health and Social Justice*, p. 30.

his 'theory of collaboration' calls the local elites collaborators of the British Empire and claims that these collaborators were foundation of European imperialism. Without the voluntary or imposed collaboration of local governing elites, the imperial and strategic interests would have been more difficult to protect. Robinson goes as far as claiming that the 'financial sinew, the military and administrative muscle of imperialism was drawn through the mediation of indigenous elites from the invaded countries themselves'.⁵⁹⁵ In recent historiography, Robinson's theory of collaboration has been used by historians analysing the history of economic relationships in Africa which were not too different from the socio-political context and relationships between Africans and Europeans that Robinsons looked at in 1972.⁵⁹⁶ Recently, Homi Bhabha, a scholar of literature, focused on the psychological intricacies of the relations between colonised and coloniser, and on postcolonial identity formation. Thus Robinson's 'Europeanised collaborator' can be likened to Bhabha's 'mimic men' (using the concept of mimicry) when members of a colonised

⁵⁹⁵ Ronald Robinson, 'Non-European foundation of European Imperialism; Sketch for a Theory of Collaboration', in (eds) Edward Owen and Robert Sutcliffe, *Studies in the Theories of Imperialism* (London, 1972), pp.118-19. Ronald Robinson together with John Gallagher, Henk L. Wesseling and Thomas Hodgkin were critics of traditional theories of imperialism. They criticised the Eurocentric perspective of imperialism and Gallagher and Robinson presented their provocative (now classic) article 'The imperialism of free trade', contradicting the traditional interpretations of imperialism and emphasising that continuity in British expansion was maintained by 'following the principle of "trade with informal control if possible; trade with rule when necessary"'. Their theory of collaboration was emphasised relative to the changing relationships between the political and economic interests in any region or time. Ronald Hyam, *Understanding the British Empire* (Cambridge, 2010).

⁵⁹⁶ Works about Africa such as; Cassandra Mark-Thiesen, 'The "Bargain" of Collaboration; African Intermediaries, Indirect Recruitment, and Indigenous Institutions in the Ghanaian Gold Mining Industry, 1900-1906', *Internationaal Instituut voor Sociale Geschiedenis* 57(2012), pp.17-38, Matthew Lange, 'British Colonial State Legacies and Development trajectories; a Statistical Analysis of Direct and Indirect Rule', in Matthew Lange and Dietrich Rueschemeyer (eds.) *States and Development; Historical Antecedents of Stagnation and Advance* (New York, 2005), pp. 117-41.

Works about Asia such as ; Shanta Shareel Kreshna Davie, 'Accounting for Imperialism; a Case of British Imposed Indigenous Collaboration', *Accounting, Auditing and Accountability* 13(2000), pp.330-59, Law Wing Sang, *Collaborative Colonial Power; The Making of the Hong Kong Chinese* (Hong Kong and Aberdeen, 2009), John Carroll, 'Colonialism and Collaboration; Chinese Subjects and the Making of British Hong Kong', *China Information* 12(1997), pp.12-35, John Carroll, 'Chinese Collaboration in the Making of British Hong Kong', in Tak-Wing Ngo (ed.) *Hong Kong's History, State and Society under Colonial Rule*, (London, 1999)p.13-29, John Carroll, *Edges of Empires* (Cambridge, 2005).

society imitate the culture of the colonisers because it is a superior culture.⁵⁹⁷ The ‘collaborator’, or ‘mimic man’ or even the ‘intermediary’ crossed cultural boundaries and thus became indispensable for transnational cooperation between the coloniser’s culture and the native’s culture. Another point common to both Robinson’s collaboration and postcolonial studies is the notion of intercontinental processes, where the metropole appears neither in the centre nor in the periphery; a popular postcolonial perspective called ‘transnational history’. Robinson’s emphasis on the colonised role in a colonial society, opened the way for non-Eurocentric perspectives and ideas of ‘agency’ where the colonial subjects were not powerless victims of a superior colonial domination.⁵⁹⁸

This collaboration was very delicate and could easily be toppled if the colonialists exerted too much power over the local ruling elites. Although they needed the collaborators to acknowledge the imperial authorities as the ultimate authority, they were also careful not to undermine the basis of the collaborators’ local power. Edward Said also concludes that to understand the cooperation between local collaborators and the representatives of the Empire, it is essential to acknowledge the ever present divide between the native and the Western ruler.⁵⁹⁹ In short local collaborators needed to toe the line. They were careful to please their imperial rulers but also worked hard within their own communities to carve their own niches in local politics.

In Malta there were islanders who fitted this description, mainly employed by the colonial Government in high political positions. One of these was the Crown

⁵⁹⁷ Homi Bhabha, ‘Of Mimicry and Man; the Ambivalence of Colonial Discourse’, *Discipleship; A Special Issue on Psychoanalysis* 28(1984), pp. 125-33, Mohit K. Ray, *V.S. Naipaul – Critical Essays* (New Delhi, 2005).

⁵⁹⁸ Stephen Howe, *The New Imperial Histories Reader* (New York, 2009).

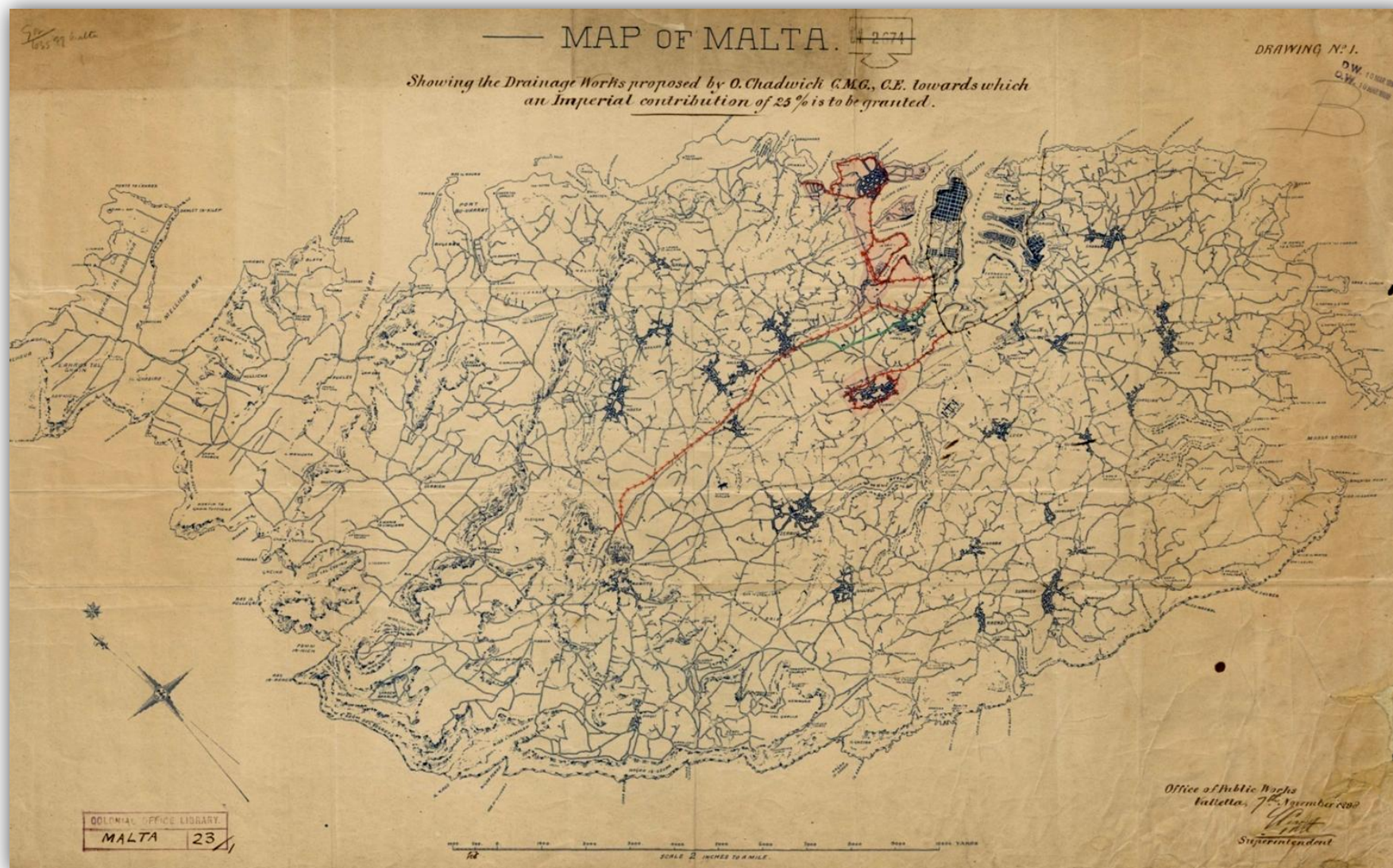
⁵⁹⁹ Edward Said, *Culture and Imperialism* (London, 1993), p. 318.

Advocate Adrian Dingli. Dingli was often the main target of the elected members in the Council. He was the son of a knighted Gozitan judge and changed sides from the opposition to the Government in 1854 soon after his father became Chief Justice. Dingli himself became Chief Justice after his father's death and remained in office for a quarter of a century. A very literate and learned man, he obtained his jurisprudence degree at the age of nineteen, studied abroad and spoke several languages including English, Italian, French, Spanish, classical Greek and Latin. He was also versed in Hebrew and Arabic. As early as 1849, as the Gozitan representative in the Council, he helped Lushington (the Secretary to Government) to draft the new regulations for the conduct of the representatives in the Council of Government following the first letters patent which granted representation of the electorate in the Council. He was an exceptionally able lawyer in the local Italianate tradition while at the same time married to an English woman, Amy Charlton from Hesleyside in Northumberland. He created for himself an excellent consensus between two seemingly non-compatible worlds and thus became the perfect mediator for the colonial Government.⁶⁰⁰ This might have earned him the respect of the general population and the colonial Government but the opposing bench in the Council did not suffer his personal arrogance or political domination gladly.⁶⁰¹

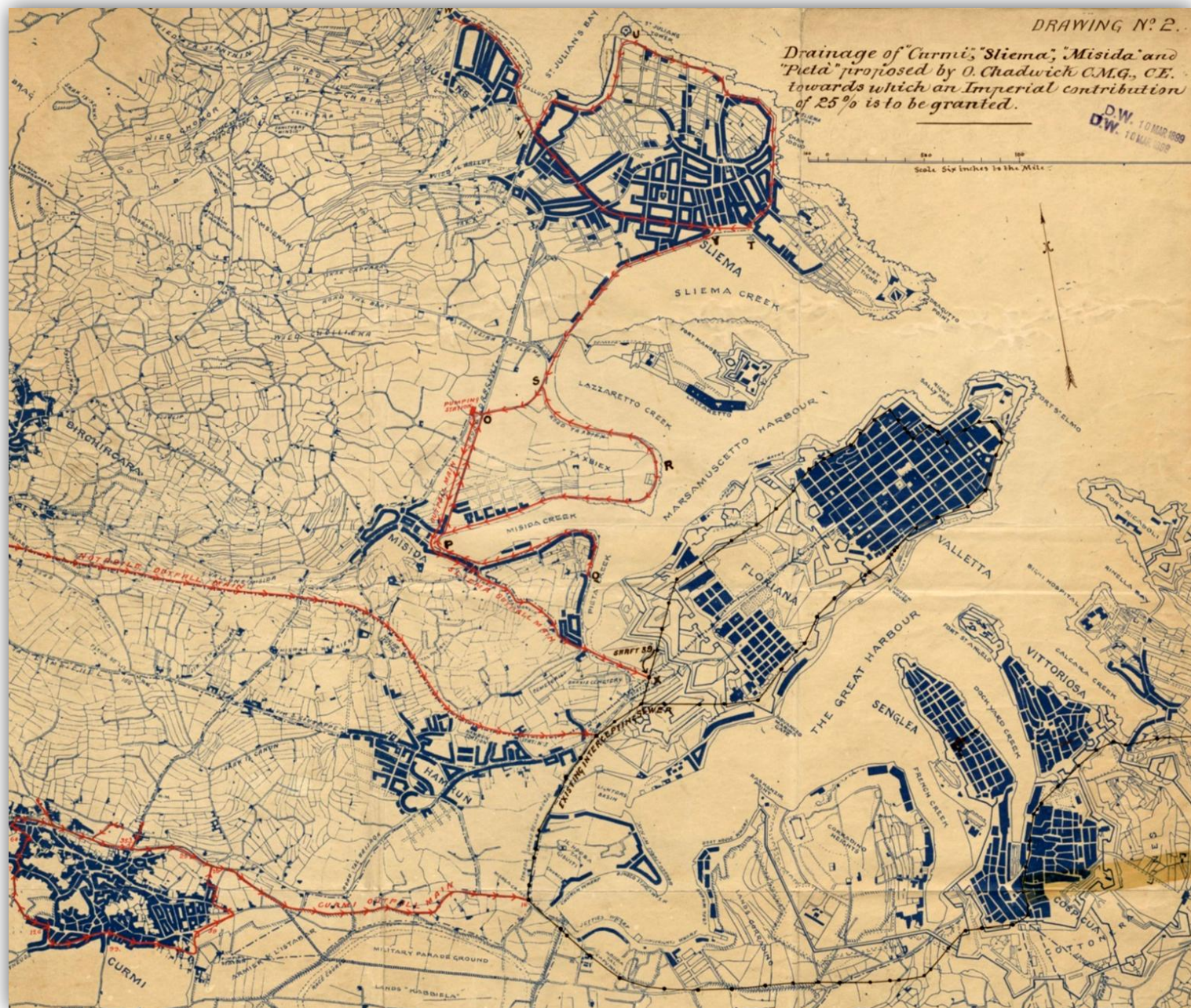
Adrian Dingli's power was not only opposed by local politicians but also by the Liberals in the House of Commons. Liberal MP George Anderson criticised

⁶⁰⁰ Frendo, *Party Politics*, p.18, Michael J. Schiavone and Louis J. Scerri (eds), 'Dingli Sir Adrian, Jurist and Statesman' in *Maltese Biographies of the Twentieth Century* (Malta 1997), pp.229-30.

⁶⁰¹ Frendo, *Party Politics*, p.18



Map 4. 2 'Map of Malta. Showing the Drainage Works proposed by O. Chadwick G.M.G., C.E. towards which an Imperial contribution of 25 per cent is to be granted', TNA London, CO 1047/547, 7 November 1898, map 2.



Map 4.3
 'Drainage of Curmi, Sliema, Misida and Pietà by O. Chadwick, C.M.G., C.E. towards which an Imperial contribution of 25 per cent is to be granted', CO 1047/547, 7 November 1898, map 1.

Dingli on two occasions, in June 1876 and then in August 1879. In 1879 he claimed that

For the last 25 years the Government of Malta had been a dictatorship, for the military Governors had been very much under the influence of the permanent officials, and Sir Adrian Dingli was the real Dictator at Malta. Some of the Governors we sent out were very weak, and entirely in his hands. The late Governor, Sir C. Straubenzee, had been of this class, an amiable well meaning man, but as weak as water.⁶⁰²

In 1876 he gave a clearer picture of the extent of power that Dingli was in possession of.

Sir Adrian Dingli, the Crown Advocate, has held his office for 23 years, during which he has appointed all the Judges and heads of departments, and has concentrated in his own hands pretty much the whole power in the island...The Governor having only a five years' term of office, knows and can do little. If there is an appeal to the Governor, he refers it to the Crown Advocate. If there is an appeal to the Chief Secretary, he also refers it to the Crown Advocate...and if the appeal be to the Law Courts, again the Crown Advocate appears and defends the Government that is himself before Judges who have been appointed by himself.⁶⁰³

This criticism was levelled against the Conservative Government during the legislature of 1874 to 1880. It shows that both sides of the House were aware of the need to appease the local collaborators and were very aware that the trust and power invested in these local agents could be abused. Yet, this system continued to be endorsed by the Imperial Government in some colonies.

⁶⁰² Hansard Commons Debates, 01 August 1879, vol 248 col. 1910.

⁶⁰³ Hansard Commons Debates, 16 June 1876, vol 1229 cols. 1980-81.

There were other powerful political figures within the local Maltese Government at the time. One of them was the Chief Secretary, Sir Victor Houlton. Other heads of departments, such as the Comptroller of the Customs and later the Comptroller of the Charitable Institutions, Ferdinand V. Inglott, played a crucial role in forming the departments under their control. These individuals served the colonial Government well for many years; some even were awarded a knighthood for their services. For the better part of a century these political figures remained the backbone of the local Government. The colonial Government chose these individuals on the basis of personal achievement and allegiance, especially in the language question. Dingli, Inglott and Sigismondo Savona (later to become the President of the Education Department) were all educated in England. They supported pro-British policies and culture in Malta and they were rewarded accordingly.⁶⁰⁴ In contrast the elected members believed that imperialism and especially Anglicisation worked against the interests of the educated. Bringing to the fore the example of the Dutch kingdom's attempts to force their culture on the French-educated Belgian subjects, they argued that this was so harmful that it resulted in a revolution in 1830. They believed that the educated sectors of the Maltese society had more to lose with the enforcement of Anglicisation and therefore opposed it and embraced the Italian culture and language which they argued was already absorbed by the majority of the Maltese subjects.⁶⁰⁵

⁶⁰⁴ Frendo, *Party Politics*, pp.17-21.

⁶⁰⁵ Ibid., p.24

Party Politics and the Water Supply Scheme

The deprivations arising from lack of good sanitary conditions and good water supply were also some of the motivators that prompted Edwin Chadwick to act and report on the insanitary conditions of many poor quarters in England back in the 1840s. Decades later his son, Osbert Chadwick was asked by the colonial authorities to help the Maltese Government to extend the water supply to the major towns and villages throughout Malta and Gozo. Osbert Chadwick became a civil engineer and consequently a Consulting Engineer for the Colonial Office. He worked on the sewage and water systems of Grenada, Malta, Hong Kong, Mauritius, Trinidad, Kingston, Jamaica and many other places.⁶⁰⁶

In order to complete the sanitary reforms in Malta, a good water supply scheme was necessary, complementing the drainage reforms already carried out. The water supply scheme for Valletta and Floriana was also embroiled in politics in the beginning of the 1880s. The new Governor John Lintorn Simmons directed his attention to the insanitary conditions of the grog shops (taverns) in Valletta. He claimed that many soldiers were falling sick due to contaminated water mixed with spirits. By this time there was the emergence of two rival political parties. The first was called the *Partito Nazionale* led by Fortunato Mizzi while the *Partito Riformista* was headed by Sigismondo Savona.⁶⁰⁷ In less than four years Malta had gone through three contested elections. During this period the popularity of the *Partito Nazionale*

⁶⁰⁶ Anonymous, 'Obituary. Osbert Chadwick CMG', *Minutes of the Proceedings Institution of Civil Engineers*, 196 (1914), p. 357. See Maps 4.2 and 4.3 for more details of Osbert Chadwick's plans.

⁶⁰⁷ Fortunato Mizzi was the son of a Gozitan magistrate was a prominent Malta-educated lawyer and was married to an Italian woman, Sofia Fogliero de Luna. He was highly regarded as a man 'of principle and a 'pro-Italian'.

continued to rise and the British in Malta found themselves opposing a major political party with plenty of popular support. In the meantime, the *elezioni infami* (literally ‘infamous elections’) were created by Mizzi with the aim of disrupting the proceedings of the Council. With the aim of ridiculing the Council, Mizzi encouraged a brothel keeper and a blacksmith to contest the elections. They both won two seats in the Council of Government. Henry Frendo describes how the Council was reduced to nothing more than a charade. Yet the Maltese Government held steadfast and refused to disband the Council much to the ire of the *Partito Nazionale*.⁶⁰⁸

Nonetheless, Government plans for the water supply scheme were carried on. On the 27 December 1882 a new memorandum detailing a scheme for using fresh water to flush the sewers, was sent to the Earl of Kimberley. This scheme was proposed by Lieutenant Tressider of the Royal Engineers in Malta. Meanwhile, a letter sent by Governor Borton to the Earl of Kimberley in 1882 revealed the shift (albeit temporary) in the elected members’ disposition towards these works. Borton explained that ‘all the members of the elected bench received the proposition with great good-will, and were unanimous in the expression of the desire that an application should be made to the Imperial Government as to the amount which the Imperial Government would be willing to contribute towards their share of the proposed expenditure’.⁶⁰⁹ In December 1883 Borton reported that it was necessary to use the official majority to pass the vote for the remaining working expenses of the drainage. He explained that no arguments were advanced by the elected

⁶⁰⁸ Frendo, *Party Politics*, pp. 45–46.

⁶⁰⁹ TNA London, Public Record Office, CO 158/263, Flushing Drains of Valletta and Floriana with Fresh Water, 27 December 1882.

members on these votes but they just expressed their wish to oppose both votes.⁶¹⁰

So while, on the one hand, the elected members were supporting the water supply scheme, on the other hand, they continued refusing to vote for the remaining expenses of the drainage scheme.

The political scene started to change in 1886, both in Malta and in the Colonial Office. In the span of two years, there had been four different colonial secretaries; Stanley (Jan 1885-Feb 1886), Granville (Feb-Aug 1886), Stanhope (Aug 1886-Jan 1887) and Holland (Jan 1887-1892). Frendo suggests that there was a different and more sympathetic response to the elected members in Malta on the part of the colonial Government after 1886.⁶¹¹ This showed in the correspondence between the Governor and the Colonial Secretary when discussing the need for a drainage system in Strada San Giuseppe in the Manderaggio (one of Valletta's slums) and in the old slaughter house in February and March 1886. Governor Sir Lintorn Simmons appealed to Granville on 17 March 1886 to meet the elected members' wishes for the remodelling of these two places. Simmons urged Granville to impel the Imperial Government to pay $\frac{3}{7}$ ^{ths} of the expense as if it was part of the larger drainage project of Valletta, the Three Cities and Floriana. The elected members of the 1883 legislature sent a report attached with the same correspondence asking the Imperial authorities to pay for $\frac{3}{7}$ ^{ths} of the work. Pointing out their goodwill they wrote; 'Your Honor should recollect that we have not opposed the vote as proposed'. In their report they mentioned another important concession that Malta had been given by the colonial authorities; it was a long-standing wish of the elected members and politicians in Malta to pay only a part of the salary of the military

⁶¹⁰ TNA London, Public Record Office, CO 158/266, Divisions on Votes on Drawback and Drainage Reports use of Official Majority, 20 December 1883.

⁶¹¹ Frendo, *Party Politics*, pp. 48-49.

Governor in Malta. This had been granted and in 1886 the Maltese coffers were burdened by only $\frac{3}{5}$ th of the Governor's salary. Apart from being a small political victory for the Maltese politicians, this also provided some financial relief for the island's finances especially when both the water supply schemes and the drainage scheme were still underway.⁶¹² It was also a sign of goodwill on the part of the Colonial Office.

Thus a new phase started for the sanitary reform. The elected members worked with the Maltese Government and by 1888 Simmons was anxious to implement the reforms as soon as possible because 'the majority of the elected members are in favour of carrying out the proposed schemes with as little delay as possible'.⁶¹³ In 1894, Sigismondo Savona claimed that there was a change in public opinion regarding the drainage scheme not, he claimed, because the people realised the beneficial effects that sanitary reform offered to the country or because of new scientific studies, but because emptying cesspits was becoming increasingly expensive for house owners. 'The house owners have found it to be better to construct the drainage at their own expense, than to be subjected to the yearly expenditure necessary for emptying the cesspits to the system approved by the Government and of which the Government had granted a monopoly'.⁶¹⁴ The change of heart for both the politicians and the general public was driven by financial concerns. Both struggled with the financial expense of this reform in different ways and both accepted the sanitary reform when those financial hurdles were overcome or could be solved.

⁶¹² TNA London, Public Record Office, CO 158.276, Drainage of the Manderaggio Strada San Giuseppe and the old Slaughter House, 17 March 1886.

⁶¹³ TNA London, Public Record Office, CO 158/287, Water Supply to Villages, 9 May 1888.

⁶¹⁴ Maltese Council of Government Debates, 14 February 1894, sitting no. 39 cols. 93-94.

This change of heart and policy also explains the limited resistance or any controversy over Osbert Chadwick's reports to improve the water system of Malta after 1885. Up to this point the water supply schemes aimed only at improving Valletta and Floriana's water supply. Rural areas were largely forgotten and their only source of potable water was the rain water gathered in cisterns for domestic use. When the water supply ordinance was put in front of the Council in May 1886, the ordinance was carried forward and Chadwick's suggestions were adopted.⁶¹⁵ Chadwick suggested that new infiltration galleries and pumping stations were to be constructed. Public cisterns which were thought to be polluting the water were emptied and put out of use while others were cleaned and protected. Water under pressure was laid on in the towns so that water could be carried nearer to the houses. In many places public taps were put in the main public spaces such as squares so that the rural population had easier access to a fresh water supply. In 1897 Chadwick made further suggestions and the system of infiltration galleries and shafts was further extended. This of course was not a guarantee against future epidemics; indeed in 1910 a small outbreak of typhoid fever occurred in Valletta, Floriana and Sliema. The sanitary authorities traced it back to the presence of *coli bacilli* in one of the Wignacourt springs known as Bużigrilla. The stone conduits were not properly sealed and sewage was contaminating the spring. After this incident, further studies were conducted and in September 1910 all the stone conduits were replaced by iron tubes and the work was finished in 1912.⁶¹⁶ The Maltese sanitary reform took decades to complete. Ultimately, the whole island benefitted from the drainage and water reform mainly due to the perseverance of the local and Imperial Governments.

⁶¹⁵ Frendo, *Party Politics*, p. 46.

⁶¹⁶ Cassar, *Medical History*, pp. 318-19.

The system of water supply in the eighteenth and nineteenth centuries in Malta was financed and constructed by the direct intervention of the state.⁶¹⁷

The Sanitary Reform as Political Leverage

As discussed above it is clear that the drainage reform and the water supply scheme were heavily embroiled in contemporary political and constitutional battles in Malta. The Council of Government was the primary battle ground where most of these grievances were voiced. Failing to make their pleas heard, the elected members decided to involve the electorate (limited suffrage) and later the general population. This was the beginning of the creation of party politics in Malta. These protests saw their culmination in the public meeting of 15 May 1878. One of the leaders of the elected members was Fortunato Mizzi. Although at first he declined to be dragged into politics, he finally established himself firmly and by 1881 Mizzi was leading a political party called *Partito Nazionale*.⁶¹⁸ The debates over the ‘language question’ were raging throughout this period. Mizzi protested that in order to be loyal to Her Majesty there was ‘no need for us either to disown our origins or to repudiate our language’.⁶¹⁹ The drainage question was not the major issue in politics during this period but it was the event which escalated the differences amongst the elected members and between members in the local Government.

The financial issue and burden imposed on the Maltese Government’s coffers due to the drainage scheme was undoubtedly huge. This was the first noteworthy argument posed by the elected members in the Council. They requested

⁶¹⁷ Mark S. R. Jenner, ‘Monopoly, Markets and Public Health; Pollution and Commerce in the History of London Water 1780-1830’, in Mark S. R. Jenner and Patrick Wallis (eds.), *Medicine and the Market in England and its Colonies, c.1450 – c.1850* (Basingstoke, 2007), pp. 216-37.

⁶¹⁸ Frendo, *Party Politics*, p. 23.

⁶¹⁹ Quote as quoted by Frendo, *Party Politics*, p. 30.

more time to analyse the reports drawn up by experts and more time to ask questions before plunging ahead to finance a formidable spend and incur a greater national debt. In the Council, the Crown Advocate together with the Chief Secretary of Government refused to give the elected members more time to consider the plans and the reports because they believed that the elected members were just buying more time to postpone the vote and slow down the drainage scheme. They claimed that this was time that they did not have. They could not allow the drainage works to be suspended.⁶²⁰ The elected members replied that the local Government was intent on passing this vote even though the elected members opposed it. Sigismondo Savona (one of the most prolific speaker from the elected members' bench) in 1879, in reply to the Crown Advocate speech in Council said

The hon. gentleman opposite (the Chief Secretary) made a remark to the effect that some persons were endeavouring to turn the question of sewer ventilation into a political question. The question, Sir, is something more than a political question; it is a question of much greater importance than any merely political question; for it implies the examination of a measure which is said to be doing injury to our health, to the health of the people.⁶²¹

Despite this and many other declarations that the drainage question had not been made into a political football by the elected members, the electorate mandates of many of these elected members in the coming elections were to be directly or indirectly connected with the drainage scheme, together with other questions. On 19 August 1880, in correspondence between Governor Borton and the Earl of Kimberley, Borton mentioned the vote which was passed on 10 March 1879 by the majority of the official members against the unanimous opposition of the elected

⁶²⁰ Maltese Council of Government Debate, 1877, sitting no.45, col.114

⁶²¹ Maltese Council of Government Debates, 1879, sitting no. 87 col. 28.

members. Agostino Naudi (an elected member) brought a resolution forward to rescind the drainage works after more than half the work was completed. Borton claimed that he must 'attribute his [Agostino Naudi's] adherence in present instance to this strange proposal to the fact that the new elections are imminent during which an anti-drainage, an anti-sanitary and an anti-English cry will be popular with certain sections of the community of whose views Naudi has been the thorough exponent in the late Council.'⁶²²

This is very indicative of the political milieu in Malta in the 1870s and 1880s. There was political unrest over undesirable letters patent and this pushed local elites to form political parties aimed at fighting the impartial Government's actions. The sanitary reform and the 'language question' were closely associated with a despotic imperial regime. The elected members were themselves divided between a pro-English culture and language for the Maltese Islands or to preserve the local 'Italianità', very widely diffused amongst the middle and upper classes of Malta. An 'anti-sanitary and an anti-English cry' immediately transformed both questions into political battles. The sanitary reform ceased to be purely about the health benefits and the different schemes advocated by different engineers or sanitarians. And although the medical profession was asked for their individual opinion on the health of the islands, their input was used merely to forward the local politicians' agenda. The scheme itself was used for political ends by both the local and imperial authorities.

⁶²² TNA London, Public Record Office, CO 158/257, Reform of the Constitution, Drainage Scheme and English Language, 19 August, 1880.

Imperial and Colonial Motivations

The change from a liberal to a more imperialistic and strong willed Imperial Government in the 1870s left its impact on the Maltese Islands. The sanitary reform itself was merely a political pawn in the hands of both elected members and Government officials. The issue which divided the electorate and formed the political opinion of all the elected members was the language question. A more assertive British Government pushed harder for the English language to be the language spoken in schools and used for public affairs. From 1880 onwards the Secretary for the Colonies Hely-Hutchinson urged for Anglicisation in Malta at the expense of the Italian language.⁶²³ This was taken by some elected members who were supporters of Italian culture as a move by the Imperial Government to stamp out the *Italianità* (or Italian culture) from Maltese culture and society. Therefore the sanitary question became the tool for political leverage used by the local elected members against the local Government. Their resistance to voting and accepting these reforms had nothing to do with the medical and sanitary side of this question but rather with holding enough political power against the local Government to hamper any progress achieved on a project which was primarily intended for the local garrison and the naval forces in the harbours.

This issue of the garrisons was the bone of contention for the elected members. From the beginning the Governor urged the Secretary for the Colonies for an answer from the War Office and the Admiralty. Together, they agreed to pay $\frac{3}{7}$ ^{ths} of the project while the local Government shouldered $\frac{4}{7}$ ^{ths}. The original project was to remodel the drainage of the Three Cities, Valletta and Floriana. These

⁶²³ Frendo, *Party Politics*, p. 16

were the only places where the garrison was stationed and these towns and cities flanked the Grand Harbour on both sides. It was very clear that the original project as proposed to the Council of Government in 1877 was primarily for the benefit of the garrisons. The amount of capital that the army and the admiralty were prepared to invest in the health and sanitation of the same was far bigger than the colonial Government was ever prepared to invest in local populations.⁶²⁴ David Arnold has concluded that in many cases, such as in the Philippines, the military assertiveness was more likely to alienate local people further than to evoke sentiments of gratitude and obedience. In Malta, it created many sentiments but certainly not that of obedience. The local politicians undoubtedly felt that the imperial and local Governments rode roughshod over the representatives in the Council. In March 1879 De Cesare (one of the elected member) complained that it was *fiato perso* (literally ‘a waste of breath’) to argue about the sanitary question because

the question has already been discussed and settled between the local and Imperial Governments without any participation whatever on the part of the elected members, - that the resolution has only been proposed ‘pro forma’, it having been decided beforehand that it should pass by the majority of the official members, at the disposal of the Government.⁶²⁵

He complained that he had ‘not seen the correspondence that passes between the local and Imperial Government on this question – as that correspondence has been kept secret’.⁶²⁶ However, despite overriding the elected members’ wishes, the local Government repeatedly argued that this project was beneficial for the local Maltese communities in these towns and cities – thereby justifying the expense shouldered by

⁶²⁴ Arnold, *Imperial Medicine*, p. 19.

⁶²⁵ Maltese Council of Government Debate, 1879, sitting no.72, cols.364-65

⁶²⁶ Ibid.

the local Government. Mark Harrison has argued that as far as possible the colonial Government's policies were detached from the health concerns of the subject populations and were prepared to go to great lengths to adhere to those principles.⁶²⁷ This was not the case in Malta. From the beginning this reform was presented by the local Government as beneficial, highly necessary for the overcrowded harbour areas of Malta. And it was because of the way that this reform was presented that the Maltese Government (i.e. the official members) accepted to shoulder $\frac{4}{7}$ ^{ths} of the expense of this project.

Both the new less liberal imperial policy and the intervention of the military in the sanitation reforms pushed the elected members to react against characteristic imperious behaviour concerning both the sanitation reforms and the language question. Essentially it was a reaction to the change in behaviour of the imperial authorities. The colonial Government together with the military forces showed that these sanitary reforms were to be enforced at all costs, even at the cost of local political unrest. It would therefore be quite difficult to apply Foucauldian theories for the Maltese sanitary question and investigate Western medical knowledge as an intrinsically colonising force. For Alison Bashford, public health and hygiene was not only about 'metaphors and rhetoric... for cleansing and purifying'. She argues that they were the tools used by rulers to take control of colonialism, nationalism and later racial hygiene including eugenics.⁶²⁸ As shown above, the sanitary question was heavily embroiled in the political struggle for a better constitution for the Maltese Islands. It became a tool of conflict between the colonisers and the colonised. However, in this case it was not used by the colonisers to directly manage the

⁶²⁷ Johnson and Khalid, *Public Health in the British*, p.6.

⁶²⁸ Alison Bashford (ed), *Imperial Hygiene: A critical history of Colonialism, Nationalism and Public Health* (Hampshire and New York, 2004), p.7

population. It was used by a select group of Maltese politicians to gather political leverage. It was a necessary tool, one of many political issues that gave the local politicians a greater influence through their political mandates. As the historian Henry Frendo has explained, this was a period when party politics started to be formed and local politics became more vocal through political party ideologies. Ultimately these political issues raised in the last decades of the nineteenth century gave rise to Maltese nationalism in the twentieth century.⁶²⁹

The intention of the imperial authorities was not to manage the local islanders through public health. They mainly needed these works for the improvement of the sanitary conditions of the garrison and the Admiralty stationed in both the harbour and the towns surrounding it. They rode roughshod over the Maltese wishes but they did not try to manipulate the population through these sanitary reforms. The main intention throughout the decades was that the local Government (sustained by the imperial authorities) hurried through the process and pushed the votes through the Council without giving the elected members the time they wished to discuss or voice their grievances. The reason for the hurry was due to the pressure mounted by the imperial authorities onto the Maltese Government to finish such beneficial works needed for the military and naval forces.

Conclusion

In this chapter I traced the historical outline of sanitary reforms in Malta during the second half of the nineteenth century and beginning of the twentieth century. These reforms were primarily introduced and approved by the Imperial Government to

⁶²⁹ Frendo, *Party Politics*, pp.15-60

improve the drainage of Valletta, the Three Cities and Floriana and create better drainage conditions for the garrisons and H.M.'s Navy in the Grand Harbour. The local politicians used sanitary reform as political leverage and took the opportunity to own the 'drainage question' in the absence of medical consensus on the provenance of contagious diseases like cholera. It was difficult to separate the sanitary question from current politics and the struggle of the Maltese politicians for better letters patent. As soon as the Imperial Government strengthened its imperial policy and supervision, the Maltese politicians became more agitated. When in 1886 the colonial Government became more sympathetic towards Maltese demands, the elected members in the Council lost their grip on the sanitary question and stopped using it for political leverage.

The drainage scheme in Malta was very elaborate and much work was done by various English sanitarians and civil and royal engineers to make this project successful. There was no specific reason for the British to invest so much in the drainage scheme of Malta although the local Government might have given the necessary impetus to move this project forward despite all odds. In fact, had it not been for the stubbornness and work done by the collaborators, especially Adrian Dingli, the whole project might have been shelved by the Imperial Government. The main problems with this project were always associated with the state of Malta's coffers. It was a costly project and ultimately the Maltese Government offered to contribute $\frac{4}{7}^{\text{th}}$ of the expense. This was possible because of the increasing intervention of the collaborators in Malta. They worked hard for this reform even if it really went against the ideals of the Maltese electorate at the time.

Finally, it is important to go back to an earlier point; the role of the medical profession in the sanitary reform in Malta. As explained above many local physicians

were not involved in the highly politicised and polarised sanitary reform question. Some physicians like Sutherland, Galton, Ghio and Gulia, reported back with interesting statistics about mortality and morbidity. They also voiced their opinions on how to reduce the incidence of fevers or improve the general sanitary conditions of the islands. These reports were done on the behest of the Government and were frequently used by the members of the Council of Government during the sessions. However, similar to physicians in England in the second part of the nineteenth century, the Maltese physicians were tasked with the implementation of the Government public health policies. They also took care to follow the admission policies as decreed in the Charitable Institutions Department regulations. Using their medical expertise they acted as agents to the Government and followed the centralised state policies. Contrary to the official Government position of the Chief Medical Officer in England, in Malta the position of the Comptroller of Charitable Institutions and the head of the Sanitary Office were both lay persons with no medical expertise. Medical decisions were primarily taken in the Council of Government or by the respective heads of departments with no contribution from the medical profession.

Conclusion

The main research objective of this thesis was to study the development of health and medicine in the small island colonies of the Mediterranean during the nineteenth century, with the objective of understanding how medical and health reforms impacted upon the socio-political landscape of these small, European colonies. This work has contributed to the historical analysis of island colonies, particularly in the context of the nineteenth-century British Imperial rule. Moreover, this research provides a strong argument for the importance of studying the health systems of such islands as part of the Mediterranean context. While this research focused on one particular aspect of the islands' social history, it situated the history of health within the broader context of population demographic, economic and cultural changes.

This work has stemmed primarily from lacunae in existing historical studies of health and medicine in these islands. While some Mediterranean countries have their own established histories of health, contagious diseases, quarantine, and medical and religious charities, there has been no attempt to analyse major trends of social care and public health outside the national context of country or island.⁶³⁰ By focusing on three particular island colonies, namely Malta, Cyprus and the Ionian Islands, this research encountered different customs that were intricately entangled with religious and monastic traditions of charity-giving and philanthropy, these

⁶³⁰ Some works like: Bertrand Taithe, *Defeated Flesh: Welfare, Warfare and the Making of Modern France* (Manchester, 1999), Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge and New York, 1988), Weindling, 'The Modernisation of Charity': Hibba Abugideiri, *Gender and the Making of Modern Medicine in Colonial Egypt* (Surrey and Burlington, 2010), Ellen J. Amster, *Medicine and the Saints: Science, Islam and the Colonial Encounter in Morocco 1877-1956* (Austin, 2013).

customs were compared not only by geographical location, but also by religion.

Moreover, this research discusses the assimilation of Western medicine as introduced by the British in these island societies, and how Western medicine integrated with the existing, indigenous customs.

Each chapter discussed particular themes and aspects of the small Mediterranean island colonies. Chapter 1 discussed the themes of isolation and segregation. As particular examples, I chose to study the quarantine, medical inspections of prostitutes and the forced segregation of lepers. Chapter 2 analysed Victorian perceptions of the Mediterranean climate. In this chapter the focus was on medical travellers' journals and also on the colonial discourse, comparing the ways in which the two sets of literature produced an analysis of the healthiness, and unhealthiness, of these colonial islands. Chapter 3 focused on the medical charities and the role of religious bodies in charity-giving and philanthropy. Among other things it discussed state intervention and centralisation of the charitable institutions in Malta. Finally Chapter 4 analysed public health reform in Malta as a special case study in the context of the political development of the island and the health reforms in England.

As discussed in the Introduction to this thesis, one of the major theses of this research was that the geo-strategic position of the islands in the political and commercial setting of a British Mediterranean played an important part in the colonial setup of public health and medical institutions (such as quarantine infrastructure). Chapter 1 provided an overview of the isolation and segregation methods as employed by the British rulers in the Mediterranean island colonies. These methods of segregation transformed the islands into a *cordon sanitaire* between Europe and the 'disease-ridden' Africa and Asia. In Chapter 1, research on the

maritime quarantine to guard against contagious diseases has shown that these Mediterranean islands were perceived and understood by Europeans as part of a buffer zone. In Chapter 2 this partition was better exemplified in the travel journals and diaries of invalid travellers, where a distinction was made between the healthiness of the northern and risk and unhealthiness of the southern shores of the Mediterranean Sea. Therefore, apart from acting as a border or a buffer zone, the Mediterranean region itself was perceived as divided and non-homogeneous. The analysis in these two chapters has shown that the Mediterranean region was a complex place to comprehend, especially for the British colonisers at the beginning of the nineteenth century.

The second important thesis of this research focused on the local management of health and medical structures, analysing how British Imperial medicine and systems of administration, affected the traditional structures and health management in the islands of Malta and Cyprus. Chapter 3 was set up around the medical charities in Malta and Cyprus. Essentially this chapter incorporated analyses of the system of charity-giving and philanthropy in Victorian England with the methods used in the colonies. Furthermore, this Chapter discussed briefly the established local traditions that the islanders knew and had used for centuries before British colonialism. State intervention and centralisation in charitable institutions in Malta was enforced throughout the nineteenth century. In Cyprus centralisation and state intervention was applied in the cities, while mixed methods (traditional and Western) were adopted by the islanders in the rural areas. The methods applied in Malta and Cyprus were also different to those applied in other colonies such as India. The research on sanitary reform in Malta as described in Chapter 4, was utilised by the local politicians for political ends. Contrary to the common precept that in a

colonial setup the power paradigm was a top-down-domination, the Maltese elected members of the Council used these reforms to gain a more representative constitution under the British Government. Here, the Maltese elites used an essentially liberal reform as proposed by the British Colonial Office to gain something even more liberal: better political representation within a colonial setup. Thus this was an example of the subaltern's powers of human agency, where islanders took control of the negotiations with the British rulers and incorporated the subaltern-colonial paradigm into their political agendas.

One of the main aims of this study was to incorporate the two dimensions of the islands' methods of healing and medical charities. This research brought together analysis of the development of the health of these islands in a Mediterranean context together with the Imperial, British context. This exercise yielded many interesting results in instances where the colonial imperative became entangled with regional politics or vice versa. In Chapter 1, the maritime quarantine in the Mediterranean was directed by regional politics and economic benefits. By analysing the role of the British Empire in that setup, it was clear that the system of maritime quarantine in the Mediterranean posed a steep learning curve for the British authorities. It brought them into contact with the Mediterranean maritime quarantine pecking order, and made them understand the importance of regional politics in ensuring steady transport of trade between Imperial India and Britain. In Chapter 2 a similar analysis of the British-Mediterranean contexts was undertaken to study perceptions of the Victorian British medical invalids and those in Mediterranean garrisons. In this case the Mediterranean and the Imperial contexts were not complementary to each other. Through the study of the colonial literature and the travel journals it was clear that the Victorians did not perceive the Mediterranean climate as homogeneous either.

Indeed, by espousing the analysis of both contexts together, this chapter illustrated how Victorians perceived the different climates in the Mediterranean region.

Apart from the Mediterranean and colonial contexts, this thesis focused on the power relations between rulers and subalterns. Foucault's idea of the power as a tool of coercion embodied in discourse and knowledge, and the theory of the body as a site of contestation, were discussed in Chapter 1. This was clearly portrayed in the histories of forced segregations of lepers and prostitutes. Yet, as Foucault argues, power is not exclusively located in state tools.⁶³¹ Chapter 1 looked at how women in Corfu refused medical inspection for a period of time. Similarly the confined lepers in Malta tried to escape numerous times. Nor was power necessarily exercised by the coloniser on the colonised. In the context of medical inspections and the CD Acts, the local Maltese Government and the elected members were unanimous in the decision not to repeal the CD Acts in Malta. The theme of power was also discussed in Chapter 3. In this case, although total Government centralisation was enforced by the British early in the nineteenth century, the Maltese felt that they could negotiate their situation and the charity they received. Petitions were frequently sent to the Charitable Institutions Department and demands were put on institutions like the Poor House by the elderly 'inmates'. They demanded that a place be 'reserved' for them in winter, to give them the opportunity of living with their families during the summer. Similarly in Chapter 4, local elected members used the sanitary reform question for their own fight for better constitutional development and representation under British dominion. On the other side of the Council of Government, local elites and 'collaborators' exerted the power given to them by the Imperial Government, in the Council, and pushed the financial votes through with a simple

⁶³¹ Foucault, 'The History of Sexuality'.

majority. These examples show the different layers of power exercised in the island colonies by various social classes. It also exemplifies the difficulty of categorising colonial societies into a colonised-coloniser dichotomy, running the risk of missing subtle power relations between different layers of society.

As discussed in the introduction to this thesis, this work sought to challenge established hierarchies of colonialism, race and geography. In this research the analyses of the subaltern and the ambiguous geographic position of the Mediterranean region were bound together. This work explained how European colonies were still considered and treated by the colonialists as the subalterns. Victorian imperialists believed that these nations, which were once the hubs of ancient civilisation, were in the nineteenth century in need of modernising, educating and civilising. Their ancient heritage had to be conserved by the British for future generations. This research also challenged the common precepts of race and racism in the British Empire. It showed that subalternity in these Mediterranean colonies was not founded on racial precepts or even on racial discourse. The Mediterranean was perceived as having a different and unique culture, different from the 'coloured' colonies, different from the European countries and different from Australia, Canada and America. They were not as 'modern' and as civilised as Europeans but their historic heritage of ancient civilisations had to be preserved. In this work, especially in Chapter 2 the West-Orient and North-South dichotomies of Said and Herzfeld were found to be too inflexible. After a close analysis of the health travellers' literature and the colonial rhetoric on the unhealthiness of the islands, it was clear that Victorian health travellers and Victorian colonialists did not categorise the Mediterranean resorts or colonies as similar or having the same health characteristics. Moreover, the word 'Mediterranean' was not used frequently in colonial discourse.

The term is mostly found when discussing the 'Mediterranean Fever' but rarely to describe these islands as a group (one such isolated case was the report of Alexander Murray Tulloch on the mortality of the troops serving the colonies).⁶³²

In some parts of the thesis a useful comparison with other non-Mediterranean colonies was used: such as Ceylon. This elicited some comparisons between the two colonies, and it was concluded that, although health care and charity development under British rule was not always consistent in all colonies, in some cases similarities can be found. Using the case study of Ceylon this chapter discussed how the British authorities predominantly concentrated on the hospitals and asylums in the urban areas, and how most of the buildings were either appropriated for medical use or were built by local philanthropists and donated to the British Government. Few institutions were purpose built by the British during colonial rule. Furthermore, similarities emerged over the discussion of the assimilation of Western medical ideas with traditional methods. In the Cape, in Ceylon and in Cyprus, people continued to use both traditional and new Western methods interchangeably for some decades, without repudiating one or the other. No doubt, in Ceylon and Cyprus this was exacerbated by the lack of medical structures and facilities in the rural areas.

This work has looked at specific case studies and specific problems within these colonies. It is by no means an exhaustive study of the public health and medical charities of the Mediterranean islands. Instead this research should be considered as a platform from which further study can be conducted. This work has been shaped by particular challenges and limitations in primary and secondary sources. Essentially, these restrictions moulded this work and shaped the themes and

⁶³² Tulloch, 'On the Mortality Among Her Majesty's Troops', pp. 252-59.

arguments of this thesis. Apart from the *Medical History of Malta* by Paul Cassar and few other secondary sources, there is no established history of health in Cyprus or the Ionian Islands.⁶³³ Most of the preliminary research on these islands was taken from printed primary sources like John Hennen's *Sketches of the Medical Topography of the Mediterranean* and Scott-Stevenson's *Our Home in Cyprus*.⁶³⁴ The rest was constructed from the primary sources and colonial documents unearthed in the The National Archives, the Wellcome Library and in the archives of respective islands. A few of these studies, like John Booker's *Maritime Quarantine: The British Experience c.1650-1900* and Robert Holland's *Blue-Water Empire*, were important sources on which I could build my analysis of the British colonial experience in the Mediterranean.⁶³⁵ These works helped me situate my research in the colonial Mediterranean context and in Booker's case to understand the complex maritime quarantine relations between European and Mediterranean powers.

The themes studied in this thesis are just a few of the myriad of topics which need to be studied in the colonial Mediterranean context. Topics including vaccination, inoculation, histories of particular diseases such as rabies and influenza, and the impact of the two World Wars on public health and medicine are ripe for further analysis. These themes might shed further light on how colonialism affected the notions of medicine and healing of these islanders in the nineteenth and twentieth centuries. Such works could illustrate how the British colonialists implemented changes in the colonies and how uniform (or not) these changes were.

As a final and concluding statement I wish to remark how this study exemplifies the contested geographical boundaries of the Mediterranean region. It is

⁶³³ Cassar, *Medical History*. Other histories include: Savona-Ventura, *History of Gynaecology*; Varnava, 'Maintaining Britishness in a Setting of their own Design', pp. 1102-33.

⁶³⁴ Hennen's *Sketches of the Medical Topography*, Scott-Stevenson's *Our Home in Cyprus*.

⁶³⁵ Booker's *Maritime Quarantine*, Holland's *Blue-Water Empire*.

a region divided between different identities of peoples who feel part of Europe and others feel an affinity with Asia Minor, and others with the African world. Through the study of islands in the South of the Mediterranean, this work has shown how diverse the Mediterranean is and how different the islanders were from their neighbours and their rulers. In the Introduction I asked ‘What is the West?’ and ‘What is Europe in this colonial context?’. This region is so complex and the geographical boundaries are so blurred that this study could only highlight the importance of these differences and explain them in the relatively limited context of the history of medicine and health. For centuries, Malta practised Western medicine, yet the institutional methodology and religious practices that existed there were quite different from the Western medicine practised at the same time in England. This shows how difficult it is to ascribe a label to any particular region in the Mediterranean basin. These were colonies which were not tropical or extremely exotic. They were closer to home than any other colony, yet warm and mildly exotic. They had different customs, different religions and different cultures, yet they existed in the same region from where the great Roman, Greek and Egyptian civilisations originated. They were part of the traditional European heritage, yet in need of civilising, educating and colonising. This dichotomy was the underlying feature of British rule in these Mediterranean colonies and was the reason why they were ruled in a different manner from other exotic, dark coloured and ‘totally uncivilised’ colonies. This study of Mediterranean colonies endeavoured to throw light on the importance of Mediterranean island colonies within the British Imperial context and to put these small colonies firmly back onto the map of colonial studies.

Appendix I

Governors Serving in Malta			
Name	Dates in Office	Previous Post	Successive Post
Thomas Maitland	1813-1824	Ceylon 1804-1812, Ionian Islands 1816-1823	Died in office
Francis Rawdon-Hastings	1824-1826	India 1813-1823	Died in office
Frederick Cavendish Ponsonby	1827-1835	No previous Governorship	Colonel Royal Dragoons 1836
Henry Bouverie	1836-1843	No previous Governorship	Colonel 97 th Foot Regiment 1843
Patrick Stuart	1843-1847	Governor of Edinburgh Castle 1836-1837	Retired 1847
Richard More O’Ferrall	1847-1851	No previous Governorship	MP for Co. Kildare until retirement 1865
William Reid	1851-1858	Barbados 1846-1848	Died in 1858
John Le Marchant	1858-1864	Nova Scotia (1852-1858)	Commander-in-Chief Madras Army 1858-1868
Henry Knight Storks	1864-1867	Ionian Islands 1859-1864 (Jamaica 1865-1866)	War Office 1867-1870
Patrick Grant	1867-1872	Commander-in-Chief India 1857-1861	Governor Royal Hospital Chelsea 1874 – Retired
Charles van Straubenzee	1872-1878	No previous Governorship	Returned to army. Retired 1881.
Arthur Borton	1878-1884	No previous Governorship	Retired 1884
John Lintorn Simmons	1884-1888	No previous Governorship	Retired 1888 and Envoy Extraordinary to Pope Leo XIII
Henry Torrens	1888-1889	Cape Colony 1886-1888	Died 1889
Henry Augustus Smyth	1890-1893	Cape Colony 1889-1890	Retired 1893
Arthur Fremantle	1893-1899	No previous Governorship	Retired 1899
Francis Wallace Grenfell	1899-1903	No previous Governorship	Commander-in-Chief Ireland 1904
Charles Clarke	1903-1907	No previous Governorship	Retired 1907
Henry Grant	1907-1909	No previous Governorship	Retired 1909
Leslie Rundle	1909-1915	No previous Governorship	General Commander-in-Chief Eastern Command 1915-1916.

Table X: A table showing a list of the Governors serving in Malta from 1813 until 1915. As Malta was a protectorate from 1800 until 1813, it did not have Governors but High Commissioners. Information gathered from *Oxford Dictionary of National Biography*, (Oxford, 2004), (accessed September 10, 2014).

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